HOW TO DEVELOP A CHURCH-BASED HEALING COMMUNITY FOR PEOPLE WHO HAVE SUFFERED ABUSE, TRAUMA, OR LOSS

A THESIS PROJECT

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To my late father Rev. V. J. Samuel, and to my mother Aliyamma Samuel.

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HOW TO DEVELOP A CHURCH-BASED HEALING COMMUNITY FOR PEOPLE WHO HAVE SUFFERED ABUSE, TRAUMA, OR LOSS

Abstract

Many people suffer from mild to acute cases of mental illness, which can be treated in a small group setting. Others suffering from abuse, trauma, or loss could benefit from a support group, which could aid in their recovery towards healing. This project emerged from this awareness and seeks to bridge the gap between weekly Sunday services and professional counseling by proposing the formation of a church-based small group healing ministry. Building on the theological concepts of *koinonia* and *shalom* and relevant literature, this project's curriculum is based upon 7 steps and concludes by providing tools for evaluating the course.

CHAPTER ONE

THE NEED TO DEVELOP A CHURCH-BASED HEALING COMMUNITY

Introduction to the problem

This paper advocates the importance of a church-based small group healing ministry in the context of an urban environment. More specifically, this healing ministry is focused on those with mental health issues, including people who may be suffering from trauma, loss, or abuse. Ideally, trained professional counselors are available for those who have mental health issues. However, this is not always the case. The number of people with mental health issues has increased significantly over the past several years, particularly because of the pandemic, resulting in a lack of qualified care. Furthermore, such services may not be readily available in many areas, and those suffering from mental health issues may not always take advantage of such services. But even for those who seek help from mental health professionals, this thesis-project affirms that the church still presents a viable community where healing can take place, particularly in a small-group context led by a pastor or other trained counselor with lay support.

The Need for Care

The necessity of diagnosing and treating mental health issues has been increasing in recent years, even before the COVID-19 pandemic restrictions were put in place in March of 2020. Since then, addressing mental health issues has become critical. For example, a recent article focused on the mental health of American adolescents reveals a

disturbing trend: from 2012 to 2017, Major Depressive Episode (MDE) increased from 8.66 to 13.01 percent of youth ages 12-17, which signifies an increase of over one million individuals. The article also cites a 2019 study which found that the percentage of adolescents experiencing serious psychological distress between 2008 and 2017 increased by 71 percent "and the proportion that seriously considered attempting suicide increased by 47 percent."[1]

It must be noted that these statistics are pre-pandemic, which would suggest that the current situation may be even worse. A recent Gallup poll from December 2020 states that "Americans' latest assessment of their mental health is worse than it has been at any point in the last two decades" (Brenan, 2020).[2] Similarly, the American Psychological Association (APA) published a number of reports in 2020 that came to the same conclusion, saying that "many Americans are experiencing considerable stress related to the coronavirus and are also reporting higher levels of general stress than in recent years."[3] Following the racial riots of 2020, the APA asserted that "more than 8 in 10 Americans (83%) say the future of our nation is a significant source of stress" compared to 69% the previous year. Around 7 in 10 Americans (72%) report that this is the lowest point in the nation's history that they can remember.[4] For comparison, only 56% of

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1. "The State of Mental Health in America 2020." Mental Health America, 2019. https://mhanational.org/sites/default/files/2019-09/2019%20MH%20in%20America%20Final.pdf

2. Brenan, Megan. "America's Mental Health Rating sink to new low." Dec 2020. https://news.gallup.com/poll/327311/americans-mental-health-ratings-sink-new-low.aspx

3. "Stress in America, 2020. https://www.apa.org/news/press/releases/stress/2020/report

4. American Psychological Association, June 2020.

Americans said the same in the 2019 and 2018 Stress in America surveys, while 59% said the same in 2017.

It is this researcher's hope that the church can help fill the gap between need and treatment for people struggling with stressful, even traumatic loss, by providing supportive community and a place for healing. And some studies have given encouraging results regarding the correlation between religious participation and mental health[5]. However, others were mixed or even negative.[6] The 2014 study of Canadian youth expressed their results in the following way:

> Our core finding that children in church are just as lonely as those outside the church, reveals a disparity between the promise of the Christian life and its reality, at least for young people, and moreover suggests that the church may not be as effective as it should be in integrating children into the full community of church life.[7]

While the church has the potential to be a place of healing and shalom, these researchers suggest, churches in Canada somehow are not living up to their potential and are failing to disciple their youth. The authors recognized that churches form various kinds of community, and further research is needed to understand the causes and possible solutions to this situation.

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5. Nooney, Jennifer, and Eric Woodrum. "Religious Coping and Church-Based Social Support as Predictors of Mental Health Outcomes: Testing a Conceptual Model". *Journal for the Scientific Study of Religion. 41(2),* (2002): 359-368; Brown J. Y., and Micah L. McCreary. "Pastors' Counseling Practices and Perceptions of Mental Health Services: Implications for African American Mental Health". *Journal of Pastoral Care & Counseling.* 68 (1) (2014): 1-14; Michaelson, V., P Robinson and W Pickett. "Participation in church and religious groups and its association with health: A national study of young Canadians." *Journal of Religion and Health, 53(5),* (2014): 1353-1373; Insights 2020.

6. Nooney and Woodrum "Religious coping" 2014; Michaelson, et al. "Participation," 2014.

7. Michaelson, et. al., "Participation," 2-14, 370.

Congregations not living up to their potential may result from failing to be aware of and hence address the issues of mental health, or it could be they lack the skills to do so (or both). For example, an article summarizing the findings from Lifeway Research on churches and mental health gives the following statistics:

- 23% of pastors acknowledge they have personally struggled with a mental illness.
- 49% of pastors say they rarely or never speak to their congregation about mental illness; yet 65% of churchgoing family members of those with mental illness want their church to talk openly about mental illness, and 59% of those actually suffering from mental illness say the same.
- 68% of Americans feel they would be welcome in church if they were mentally ill; and 53% of churchgoers with mental illness say the church has been supportive; but only 27% of churches have a plan to assist families affected by mental illness; and 35% of Americans say mental illness could be overcome with Bible study and prayer alone.
- 80% of pastors say their church is equipped to assist someone who is threatening to take his or her own life; and 32% of churchgoers say a close acquaintance or family member has died by suicide. Yet 4% of churchgoers who lost a loved one to suicide say church leaders were aware of their loved one's struggles.

The conclusion from Lifeway researchers is that there are "significant disconnects" regarding the perceptions of American churchgoers and churches regarding mental health. In addition, they conclude that churches are not well equipped to care for those with mental illness and need to do more in making such resources available for their people.[8]

The Church as a community for healing

Brown and McReary's research into African-American communities and churches notes how a church provides a "ready-made community" where people can share good

8. "Mental Health Declines Among Americans, except weekly churchgoers." Lifeway research. Dec. 11, 2020. https://lifewayresearch.com/2020/12/11/mental-health-declines-among-americans-except-weekly-churchgoers/.

and bad news, and that "participation and involvement in religious services and the church community can provide emotional and social support" (2014, 3). Further, they cite other studies which demonstrate that at least 30-40% of churchgoers use the church as their first source of emotional and psychological help. Rogers and Stanford agree, arguing that churches are in a unique position to help those with mental illness (2015, 470-471).

> Basic helpful interventions such as psychoeducation, coping skills, and increased interpersonal connection are ideal for implementation in a religious community setting, and are well suited to a group format. Peer-led groups have been shown to be effective at delivering these types of interventions and have the added benefits of minimal cost and maximum accessibility.

Brown and McReary (2014) also note how less educated clergy are less likely to refer parishioners to a mental health professional. Hence, churchgoers with mental health issues may 'not seek treatment, in part, because the church does not help them become aware such treatment is needed and resources are available. A small-group healing ministry within the church, led by appropriately trained clergy, however, could provide both healthy relationship and act as a natural bridge to seeking help from mental health professionals. Thus, education and awareness of mental health issues is an important factor in this research-project, so that the pastor can prepare the church to become a healing community where those with mental health issues can find the support they need.

As both Brown and McReary (2014) and Hammaker (1998) suggest, both professional counselors and clergy could benefit from collaboration. Often, clients feel that counselors do not take matters of faith seriously, and that a helpful collaboration

could take place if the two would work more closely together. Clergy also need more training in counseling skills and when to refer people to other professionals.[9]

The nature of the urban environment is another factor which underscores the importance of congregations and small-group ministries in personal healing. Cities are known as places of differentiation where people often live disconnected lives that lack deeper relationships (Irvin 2009). Timothy Keller in his book *Center Church* (2012, 311) has written:

> The chief way to disciple people is through community. Growth in grace, wisdom, and character does not happen primarily in classes and instruction, through large worship gatherings, or even in solitude. Most often, growth happens through deep relationships and in communities where the implications of the gospel are worked out cognitively and worked in practically—in ways no other setting or venue can afford.

Recent research into the use of faith-based small groups demonstrates their viability and importance in healing and leading a productive life. Studies include Latini (2010), Bishop (2018), Hook, Hook, and Davis (2017), Waters (2015), Rogers (2015), Villareal (2015), and Sagemon (2004). Besides creating community for disparate groups of people within an urban environment, small groups help people to be able to formulate their own stories, which helps them create meaning from their suffering.[10] Hook, Hook and Davis note that small groups are effective because people receive feedback in the moment and that relationships are essential for healing (2017, 13-14). People are generally healthier

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9. Brown and McReary, “Pastors’ counseling practices,” 4.

10. Waters, Sonia. "Identity in the Empathic Community: Alcoholics Anonymous as a Model Community for Storytelling and Change". *Pastoral Psychology. 64 (5),* (2015): 769-782; Latini, T. F. Confession and Healing in Small-Group Community. *Word & World, 30(1),* (2010): 33-40.

spiritually and physically when they are connected in a community where openness and trust are encouraged and practiced.

The church and immediate context for ministry

New Hope at Calvary is a small church in the city of New Britain, located in Hartford County, southwest of Hartford, the capital of Connecticut. Its population is around 72,000, with a median household income in 2016 of $41,128, compared the state average of $73,433. The population density for New Britain is 5,441 people per square mile compared to the Connecticut average of 738, making it one of the more densely populated and poorer regions of the state. The city also has a significant Polish community and a growing Hispanic population, mostly from Puerto Rican descent. In fact, according to the census data, Hispanics outnumber whites, 43.7% to 41.2%, with blacks constituting 10% of the population.[11] Over 14,000, or 19.7% of the population, is foreign born, whereas the state average is 14%. New Britain is therefore a city with a larger immigrant population. Among religious adherence, Catholics represent 31.1%. However, over 50% have no religious identity. Also, New Britain has a large number of sex offenders: The ratio of population to sex offenders is 264 to one, which is significantly higher than the state average of 646 per sex offender. New Britain lists 408 nonprofit organizations, many of which service the local population in terms of mental health and meeting physical needs.

11 "New Britain, CT".City-Data.com http://www.city-data.com/city/New-Britain-Connecticut.html. Accessed 6, 2020.

In December 2015, my husband and I became pastors of New Hope at Calvary Church, an Assembly of God Church composed of older White traditional Pentecostals, African-Americans, and Hispanics. The congregation had fallen on hard times: First, a year had passed since their previously beloved pastor died from cancer. Many people still had not recovered from it. Second, false teaching became widespread in the church and the lack of leadership caused a major division. By the time we came to the church, church attendance dropped to about 40 people, less than half of what it used to be. Our transition as pastors was not easy, but we were encouraged by a core group who recognized that God had called us to the church. While New Britain itself has many churches, we sensed that many people in the city live broken lives and need emotional healing. Generally, New Britain people are poorer than the surrounding towns, and the incidence of broken relationships, single-parent households, and wounded lives is unmistakable. In fact, many members of our church reflect this need for family, healing, and community, and could benefit from a church-based small group that builds community and healing. Moreover, there have been attempts at connecting with counseling services in the city. One of the more prominent is the Community Mental Health Affiliates (CMHA), a secular state-funded organization with several resources and services. In fact, one of their buildings is next to the church. Because their programs are more professional and formal, it has not been easy up to this point to set up a working relationship where we could partner together. There are other smaller counseling centers, but they are individual practices with a very limited number of clients.

Purpose statement

The purpose of this thesis-project, therefore, is to develop the curriculum for a church-based healing community for people in New Britain and beyond who are currently experiencing mental health issues, or who have suffered from abuse, trauma, or loss. It is the argument of this project that even in cases of significant mental health issues, a small-group healing community within a church can provide necessary spiritual and emotional support as well as a bridge to community services. Such a small group could provide an ideal context where decision making and compassionate feedback can be practiced in the moment, offering not just support from the group but also genuine healing.

The chapters which follow will build a foundation for the curriculum of this course. Chapter two begins by building a theological basis on the concepts of *koinonia* and *shalom*, as well as a theological discussion of the practice of pastoral counseling. Chapter three reviews the literature from both a church and a secular perspective on small groups and the church as a healing community. It also discusses small group workbooks and guides relevant to this project. Chapter four develops the curriculum for this course. It provides the terminology, the scope, the population, how the group will be formed, and how meetings will be conducted. It then lays out the procedure for group meetings and the progression of the seven steps. Chapter five provides the tools for doing a course evaluation. Since the pandemic has impeded the formation of a small group for this project, the evaluation tools are provided so that an accurate assessment of the course can be done with the possibility of modifications in the curriculum so that the activities and homework assignments will fulfill the aims and objectives of this course.

CHAPTER TWO

BIBLICAL AND THEOLOGICAL FOUNDATIONS

The New Testament, particularly the letters to the churches, does not prescribe a method or procedure for small group ministry in the church, at least not the way we think of it in modern America. However, Jesus' teaching of the twelve apostles and the gathering of believers after Pentecost in Acts 2:42-46 highlights the importance of disciple-making in groups and the necessity of corporate fellowship for the church. The basic gathering of the early church in homes does provide a model with implications for growth and healing in such settings. Therefore, the biblical teaching on *koinonia*, a fundamental dimension of these early church communities, can provide relevant material for a thesis project on small group, healing communities. As subsequent theological analysis will show, biblical *koinonia* provides an essential context for human health and healing, also known as *shalom*. While often translated as "peace," *shalom* is a rich theological concept which includes the ideas of wholeness and well-being. These two concepts, *koinonia* and *shalom*, will be explored in more detail below, followed by a concluding theological analysis.

Theology of Koinonia

An important theological discussion regarding *koinonia* is 'provided in Roland Chia's article (2007) about Colin Gunton's trinitarian analysis of the church.[1] According

1. This is summarized from the book *On being the Church* (1989) by Gunton and Daniel Clark. Much of Chia's discussion comes from Gunton's chapter "The Church on Earth: The Roots of Community", 48-80.

to Chia, Gunton argues that modern ecclesiology is defined by monism and hierarchical constructions rather than grounded in the nature of the Triune God (2007, 452). Since the Trinity describes God ontologically, this should also inform the nature of the church itself. The Western church's conception of the Trinity, according to Gunton, was based partly on Augustine's misunderstanding of the word *person*, which also contributed to the West's stress on individualism. Chia, drawing upon the writings of John Ziziolous[2], sees a solution in the Cappadocian father's formulation of the Trinity in which the persons of the Trinity "can only be understood in terms of their relations to each other, relations by virtue of which they together constitute the being *(ousia)* of the one God'."[3]

This relational understanding of the Trinity, according to Chia, constitutes a theological advance, which in turn better informs ecclesiology. Chia states: "The doctrine of the Trinity …implies that God is neither a collectivity nor an individual but a communion – a unity of persons in relation" (2007, 458). One implication for ecclesiology is that in Christian *koinonia* "relationality transcends mere reciprocity and takes the form of creative subordination in conformity to Christ" (Chia 2007, 460). In other words, the relationships between believers in the church should reflect the relationship between Father and Son by the Spirit because they somehow share in that relationship.

Jeffrey Kloha (2012, 26) defines the word *koinonia* in the New Testament as "the manifestation of the relationships that exist between people who share together in a

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2. John Zizioulas, 'The Ontology of Personhood', paper prepared, 1985, for the British Council of Churches' Study Commission on Trinitarian Doctrine Today, p. 9.

3. Chia, Roland. Trinity and Ontology: Colin Guntin's ecclesiology. In *International Journal of Systematic Theology*. *9(4),* (2007):456.

common thing." Hence, it is not merely a fellowship of people: it is fellowship of people through sharing the same thing, namely, the life in Christ (2012, 30). Since koinonia is not an abstract idea but a concrete expression of the church's life in Christ, there will be many possible manifestations. These include meeting the needs of its members and working together for gospel proclamation, showing love when handling matters of freedom, exercising discipline, practicing the Lord's supper, and doing everything for the building up of the body of Christ (2012, 30). At the end of his article, Kloha (2012, 31) stresses that Christ-centered and God-pleasing *koinonia* in the church is not a given but must be strived for.

Similarly, Jones (2004) argues that the koinonia of the church needs to be an intentional conviction and goal of church members. "These communities must have a sense of the Ortho' lifestyle about them – orthodox, orthopraxis, orthopathy, orthohexy [right attitude] and orthopyre, in so far as they can discern that together from their Christian roots" (2004, 7). But this raises the question:

> How might we develop such convictional communities today? Certainly not in the limited Sunday contact of many European churches, but perhaps the recovery of gathering around the table to tell the stories of faith, recount the experiences of life, share in the koinonia of eating and drinking together. This might help recover a way of being church which seriously sustains the travelers of faith as they seek to be disciples and do church in the world (2004, 11).

Such an intentional missional *koinonia* requires more intimate relation-building activities, in contrast to the more formal ecclesiastical expressions of the church, and in opposition to the individuality and hedonism of the surrounding culture. It is a vision that leads to more intimate small group settings.

Hunsinger (2009), drawing upon 2 Corinthians 13:14 and other such texts, states that the unity and fellowship of believers "is understood to be a blessing of divine origin beyond human powers to create" (2009, 346). Koinonia occurs when "believers entrust one another with their burdens and afflictions, as well as their common vocation and hope." But this is often lacking in a typical church. So Hunsinger discusses the use of a model developed by Marshall Rosenberg called "Nonviolent communication", which teaches people to speak with empathy and compassion. Nonviolent communication has three major components for achieving a quality of mutual connection between parties: empathic reception, self-empathy, and honest expression. Each component has four steps: observation (O), feeling (F), need (N), and request I. Overall, nonviolent communication "teaches that needs are qualities that contribute to life and that it is a gift to let others know what our needs are" (2009, 351). Hunsinger's article is helpful in that it not only defines koinonia but gives an example of how to build koinonia in the church. His advocacy of nonviolent communication (2009, 367) provides a tool which can help build koinonia (as well as necessary spiritual disciplines) by giving members practical guidance in preventing speech practices which undermine *koinonia*.

Christina Pohl's books, *Making Room* (1999) and *Living in Community* (2011), highlight the need to practice hospitality, an important aspect of *koinonia*. While the aim of this thesis-project does not involve hospitality in terms of meal fellowship, there are insights in her research which are relevant. First, Pohl writes that "some of the most complex political and ethical tensions center around recognizing or treating people as equals" (1999, 394-395). She notes that vulnerable strangers are marginal in society since they lack social capital and are often overlooked and undervalued (1196-1197). Those

who are socially invisible struggle for recognition and basic human rights. Hence, there is a need for churches to have a safe space for strangers and others to be able to share their thoughts and feelings. While Pohl is advocating the need for hospitality with the possibility of meal fellowships, these insights can also be used in a small group setting, which in turn may lead towards shared meals together.

Pohl's second work, *Living in Community* (2011), emphasizes the need for the church to be a "contrast" or alternative community in the context of the larger society, where people face alienation and division. She quotes theologian Robert Webber (2011, 8) to drive her point home:

> The church is the primary presence of God's activity in the world. As we pay attention to what it means to be the church, we create an alternative community to the society of the world. This new community, the embodied experience of God's kingdom, will draw people into itself and nurture them in the faith. In this sense the church and its life in the world will become the new apologetic."

Like Jones, Pohl sees the church as an alternative community which serves as an apologetic for Christianity by living out its biblically mandated *koinonia*. Such Christ-centered communities not only need a shared history and tasks, but also a combination of grace, fidelity and truth which makes communities safe for growth and transformation (2011, 4). This is not easy to accomplish, and Pohl acknowledges that descriptions of the church as a "new apologetic" are not just hopeful but also troubling (2011, 14). Biblical descriptions of *koinonia* as a new family of brothers and sisters leave many dissatisfied with church life that is merely "a weekly worship service and an occasional committee meeting or mission project" (2011, 3). Maintaining an open hospitable community is difficult to accomplish since the shared life of koinonia is fragile.

"In twenty years of studying hospitality," Pohl writes, "I discovered that truthfulness, promise-keeping, and gratitude appeared over and over again in relation to offering welcome" (2011, 17). Each of these concepts, therefore, form separate chapters in her book as ethical actions needed to maintain *koinonia*. She also notes the importance of forgiveness and discernment. These ethical activities, best practiced in a small group setting like table fellowship, will be used in subsequent chapters of this thesis-project.

Theology of Shalom: Wholeness and Healing

Having developed a robust understanding of koinonia, which can be considered the essence of Christian small groups, this next section will develop the theological connection between the concept of shalom and healing. From there it will be important to define and delimit the kind of healing that this thesis-project attempts to facilitate.

One of the fundamental insights which may be drawn from literature on biblical shalom is that it is undeniably connected to creation's health and healing. While the Hebrew word *shalom* is typically translated as "peace," Craig Nesson's book, *Shalom Church,* suggests that this definition is inadequate: "…the idea of peace, especially when it is understood merely as the absence of conflict, does not convey the magnitude of shalom. Shalom involves all members of God's creation living in harmonious and lifegiving relationship one with another" (2010, 10).

Nesson also insists that shalom begins with God: "Shalom begins with the prayerful and worshipful relationship of the human being with God. God is the ultimate source of

shalom as God chooses to live in generous relationship with us. God desires to bless. (2010, 10)."

A "Shalom Church," therefore, is a church that not only worships God and is in harmony with Him, but also seeks the well-being of all people, particularly those that are oppressed and vulnerable. Understanding *shalom* as the absence of conflict is impoverished because, ultimately, "shalom leads human beings to foster the flourishing of God's creation for God's sake" (2014, 10).

Similarly, Apolos Landa (2014) understands shalom as relational and comprehensive in nature (2014, 16):

> The ecosystem, culture-education, family, and friends unavoidably influence the individual, as do the choices he or she has already made. Thus, to be "a responsible partner" with God in the creative process of becoming and making shalom, a person needs to be self-reconciled and then become reconciled one with another, in family, in community, and in all other spheres of their immediate and cosmic context.

Drawing upon the theology of Paul Tillich, Landa sees that salvation applies to all dimensions of life and includes wholeness and healing. "A vision of the kingdom of God is a vision of a creation brought to wholeness, that is, to a state of shalom. It is also a vision of a society in which the values of justice, peace, and joy in relationship prevail without exclusion" (2014, 17).

This emphasis on wholeness is also expressed in Michaelson, et al.: "A biblical understanding of shalom is reflected in the words 'completeness, soundness, well-being, wholeness, peace and health" (2014, 1354). It is a wholeness "that includes the person, their place in this world, and the matrix of relationships that shape their life." Theologically then, this wholistic shalom deepens our understanding of what health should be, and "it invites people into a larger story of true belonging characterized by

right relationship on every level: with God, with the earth, with community, and with self" (2014, 1354).

Such shalom should be expressed in real-life situations. Karl Dortzbach builds his theology of *shalom* from his experience in Africa building community and facilitating healing. He states, "This study on healing in community has been viewed through the prism of 'shalom.' Shalom occurs when people who are in a right relationship with God and each other enjoy and share together the resources of the earth in ways that show Christ is Lord of all creation" (2004,89).

Since *shalom* is linked to relational reconciliation and wholeness, the absence of *shalom* results in sickness, disease, broken relationships, bondage, and depression. Healing occurs when *shalom* is experienced as reconciliation with God and with others. Hence, *koinonia* and *shalom* are related theological concepts that complement one another: right relationships in fellowship contribute to personal healing and wholeness.

While the healing which results from shalom can be comprehensive, this thesis project is concerned primarily with the healing that small groups can accomplish. Mark Pearson's book *Christian Healing* (2004) argues the need for a church-based healing ministry. Since the Gospels portray Jesus' ministry as including teaching, preaching, and healing, these activities should be practiced by his followers. Hence, the healing ministry of the church "is not optional" (2004, 5). However, Pearson insists that sickness and disease may often be the result of sin. "Our chief sickness," he writes, "is alienation from God" (2004, 6). Churches may promote ministries that offer dramatic healings for those who are beset by sicknesses or handicaps of various kinds, but still fail to make the connection between the miracle and the need to reconcile with the miracle-worker.

Pearson draws upon Matthew 6:33 to point to our need to seek after the kingdom of God, not isolated healings. He states that "a ministry of healing is better understood as a ministry of wholeness. We want, for ourselves and for others, not just to look at the specific physical, emotional, or spiritual problems, but at whole lives in light of what God wants for us" (2004, 14). Confession of sins leading to humility is often a vital aspect of healing (2004, 77). In conclusion, Pearson's arguments draw upon the theological foundations of *koinonia* and *shalom* demonstrated by the previous authors.

Theology of Pastoral Counseling.

Having laid the groundwork for healing based upon *koinonia* and the *shalom* of God, this next section will discuss the need for pastoral counseling within the context of a small group. Heath Lambert's book *A Theology of Biblical Counseling* lays a theological foundation for the practice of biblical counseling which will be utilized in this thesis-project. "To do counseling," he writes, "the one thing the counselor must do is articulate some vision of reality that understands the dilemma of the counselee and offers a response to that dilemma" (2016, 16). Lambert engages in an extended discussion of secular psychology and its methods, arguing that information from secular psychology exists on three levels: observations, interpretations, and interventions (2016, 76). But a scriptural vision of reality is obviously lacking in secular psychology. So, while Lambert advocates for Christian counselors to be well-informed regarding the contributions of secular psychologists, Christian counselors need to be grounded in theology and reject interpretations and interventions that conflict with the Scripture. He argues that

“Counseling is a ministry of the Word” (2016, 307): “We take what we know from the truths of theology, and we apply it to people who are suffering under the weight of all the kinds of pain this world has to offer” (Lambert, 304).

Lambert (2016, 13) defines counseling as “a conversation where one party with questions, problems, and trouble seeks assistance from someone they believe has answers, solutions, and help.” This definition, however, need not restrict pastoral counseling within the context of two people: the counselor and counselee. Elsewhere in his book, he sees counseling within the broader ministry of the entire church: “When we say that the church is a pillar and buttress of truth, what we mean is that the church is the location for counsel to be heard and applied. God gave us truth for the purpose of changing our lives” (Lambert 2016, 306). For counselees, the church provides a place to worship God, and experience fellowship and accountability with other believers (2016, 309-310). Hence, the church as a community provides a place for a person to continue to grow and to put into practice insights gained from counseling, whether formal or informal. It provides *Koinonia.*

Finally, Lambert raises the issue of parachurch counseling ministries. Since most churches do not have their own counseling ministries, he argues, professional parachurch counseling ministries are acceptable if they are under the authority of a local church and, if not, should be closely aligned with the local church (2016, 314-315). The counseling ministry should be understood as indispensable to, and working with, the local church.

While there is certainly need for professional counselors to help those with more serious issues, people need the fellowship of a church family and the help of those who are more understanding and mature. And a healing small group may be an optimal

solution, since it can overcome the gap between the church and professional counseling, allowing members to deal with issues in an intimate and caring group. Professional counselors Hook, Hook, and Davis (2017, 46), argue that grace is extended when a person owns his/her own brokenness and engages in one's own process of healing in the context of a caring small group. "The main idea," they suggest, "is that people develop problems within relationships and then perpetuate some of these interpersonal behaviors because they lack accurate feedback" (2017, 11). In a group setting, people can receive accurate feedback and emotional support to effectively use that feedback to make positive changes in how they relate to others. In this context, it becomes easier to practice the biblical injunctions to "confess your sins to one another and pray for one another" (James 5:16) and to welcome one another as Christ has welcomed us (Romans 15:7). Through repentance and confession, God can work in the counselee's life to bring about that transformation.

Kollar (1997, 20) agrees with the benefit of keeping counselees in the church:

> Some counselors believe that it is helpful to remove the parishioners from the church setting. I disagree with this in light of the scriptural insistence that the believer is to grow within the community of the local church, where there is accountability to others and for others, along with acceptance.

The congregation is essential for growth and healing to take place. First, the counselee needs to find healing in the midst of a caring community as he/she develops relationships, and second, the church also needs to learn how to practice love, patience, and forbearance for wounded people.

Overall, while the Bible does not necessarily prescribe healing small groups as a ministry strategy, there is strong evidence that God has designed Church *koinonia* to be a community of grace-filled people where healing can occur. Moreover, a church-based

small group healing ministry is not just beneficial, but even necessary. As the writer of Hebrews exhorts his readers to "stir one another towards good works" and "not to neglect the meeting together but to encourage one another" (Hebrews 12:24-25), so the church needs to experience real *koinonia* and healing *shalom*.

Theology of the Urban Church

Since the ministry context of this research is in an urban environment, this next section will develop a theology of doing a small group ministry with an urban context in mind. Roger Greenway's chapter in the book *Counseling and Discipleship in the City* notes that cities are places of pluralism with their "grand mixtures of many different peoples, cultures, and religions." Hence, he warns that "it is no longer sufficient for Christian leaders to know the doctrine and practices of Christianity alone. An informed global citizen and active participant in community life must understand at least the basics about all the major religions" (39). Moreover, Dale Irvin of Union Seminary points out that cities are nodes along commercial and political centers of cultures and civilizations (2009, 177). It is not merely a physical or geographic place, but a way of being. The implication is that the city is "a place that implicates how one derives one's ethics, how one develops a sense of justice, how one learns to talk with and learn from people who are unlike oneself, which is how a human being becomes human" (Irvin, 178).

Timothy Keller's *Center Church* (2012) is a significant volume for any ministry working within the urban environment. Besides describing cities as places of pluralism

and globalization, he argues for a theological vision of the city. Keller explains that a doctrinal foundation "is not enough," and that one must ask how doctrinal beliefs "might relate to the modern world." The result would be called the *theological vision*—a vision for what you are going to do with your doctrine in a particular time and place. This comes not just from extensive biblical reflection and praying, but also from understanding one's cultural setting. He quotes from Richard Lints:

> Having recognized the source of the conversation [God], we must then take into account those with whom he speaks. God does not speak in a vacuum but to and through people and in and through history. The speech of God…is addressed to people across different cultural histories, and for this reason (among others), it is often misunderstood and misinterpreted (2012, 18).

Keller believes this is probably one of the key reasons for ministry failure or unfruitfulness. This leads him to identity several questions for the development of a theological vision, such as "What is the Gospel?" "What is this culture like?" "How do the various ministries of the church—word and deed, community and instruction—relate to each other?" "How innovative will our church be and how traditional?"

Keller begins his book by asking questions about what the Gospel is, how to communicate it, and how it affects everything. This leads to the subject of contextualization. "The first step…is to understand and, as much as possible, identify with your listeners, the people you are seeking to reach. This begins with diligent (and never-ending) effort to become as fluent in their social, linguistic, and cultural reality as possible" (Keller 2012, 120). While Keller's definition may suggest activities involving evangelism broadly defined, small group counseling approaches should be concerned with understanding counselee's cultural and family backgrounds. Having a theological

vision to reach out to those within the neighborhood is the responsibility of the entire church, particularly the leaders.

While much of Keller's book is relevant for defining the missional church and helping to theologically equip urban churches and church planters, he provides some suggestions that are relevant to this thesis-project. Asking what Christian should do, he answers, "Christians should become a dynamic counterculture where they live" (2012, 170). This corresponds with the theological practice of *koinonia* that leads to *shalom,* in which the church practices intentional deepening fellowship with one another as opposed to the radical individualism and the fragmented lives that people are living in the city. Next, Keller states that "Christians should be a community radically committed to the good of their city as a whole" (Keller 2012, 171). Quoting Jeremiah 29:7, he argues that the church should be a blessing to the city where it is located. It is not just a place to escape the city, but it should be sensitive to cultural differences so that it can offer hope and a place of being within the city, to help restore lives and to heal relationships.

A final important insight from Keller is that the main way to disciple people in an urban church is through relationships. He states that "growth happens through deep relationships and in communities where the implications of the gospel are worked out cognitively and worked in practically—in ways no other setting or venue can afford" (2012, 311). This corresponds to the goals and conviction of this thesis-project, which aims to build *koinonia* in the church, and believes that relational problems are best worked out in group settings. Hence, there are aspects of the realities and practices of urban ministry which complement the aims of this project.

Spiritual Direction: Aims and Goals

The literature on counseling and small group healing community indicates that while there is overlap between pastoral counseling, psychotherapy, and spiritual direction, not all of them have the same goals. Therefore, it is necessary to discuss the differences so that this study is grounded in the proper rubric for its approach.

"The task of the psychotherapist," according to Moon and Benner, "is to employ generally-accepted practices from applied psychology to help the person journey toward the center of the normal curve" (2009, 22). In other words, psychotherapy aims to help the person heal from wounds of the heart so that he/she can lead a normal life. Similarly, the goals of pastoral counseling include "symptom relief, problem resolution and restoration of psychological health" (Moon and Benner, 174).

While these goals may be sought after and realized within the activities of the small groups as given in this research, they do not constitute the primary goal, which can be stated more clearly as spiritual direction. Spiritual direction is mainly concerned with growth in one's relationship with God. It focuses principally on the development and maintenance of spiritual health and well-being.[4] As Saadeh (2018, 279) explains, "Psychotherapy more often aims at repair, and spiritual direction at growth." Thus, the aims and goals of this research would correspond more to those of spiritual direction. While healing wounds of the heart is certainly a goal, the purpose of the small groups is to promote the growth of one's relationship with God, to experience *shalom*, and to deepen *koinonia*. The vision for the small group ministry would not just be for those who

4. Moon and Benner, *Spiritual direction and the care of souls,* (2009, 15).

need healing in their relationships, but for those who would desire to continue to grow in their relationship with God and with others.

An aspect of that vision includes the active participation of lay people who help the spiritual director carry out the aims and vision of the small group. The New Testament discusses how the Holy Spirit gives spiritual gifts to people in passages such as Romans 12:7, 1 Corinthian 12:28, and 1 Peter 4:10-11. These are people who may not have the opportunity to be formally trained, but possess certain gifts including helps, mercy, serving, or exhorting. Overall, since shalom is experienced in koinonia, the small group would not be complete without others who continue in their growth, or those who desire to see others grow.

Concluding Discussion

This chapter has explored how the concepts of *koinonia* and *shalom*, while not synonymous, are certainly related since they ultimately deal with relationships. Nessan's book (2010, 9) argues that the church of Jesus Christ is a shalom church, or no church at all. This means that God's mission should be extended through the church to mend "the torn fabric of creation (tikkun olam)—God's mission to reestablish created goodness in relation to human beings, the created world, and all creatures." However, the statistical work exploring the *shalom* in Canadian youth by Michaelson et al (2014, 1370) suggests that, unfortunately, many young people who attend church do not necessarily experience the *shalom* of God.[5] The authors state:

5. The research that Michaelson et al (2014) included questionnaires given to teen students that asked questions such as group involvement (church, sports, etc.) and whether

> one theological assumption of this study is that the Christian faith is inherently one of community and that central to the notion of shalom is reconciliation not only with God but with one another. Our core finding that children in church are just as lonely as those outside the church, reveals a disparity between the promise of the Christian life and its reality, at least for young people, and moreover suggests that the church may not be as effective as it should be in integrating children into the full community of church life.

While the study does not provide qualitative analysis of individual churches or indicate whether the churches have a fully developed youth discipleship program or support at home through religious instruction, the authors point out some theological and ecclesiological problems which shed light on our project. "Our findings, from our Christian perspective, suggest that the essential mission of the church may have become distorted by disintegrative theologies that offer a moral code to be followed rather than an invitation into the new and holistic way of being in the world offered to us by Jesus" (2014, 1371). For example, a distorted understanding of the incarnation in which the spiritual is emphasized over the physical indicates a shallow understanding of human physicality. While this is admittedly a complex issue with many variables, the authors are pointing out something which seems to exist in many churches in America. Their conclusion regarding the need for a holistic approach both to the human body and to overall health, therefore, seems valid, which brings us back to *koinonia* and *shalom*.

Koinonia, as stated above, refers to a particular kind of fellowship between people who share in the same thing, which is their trinitarian life in Christ.[6] Fellowship in the church is not something that happens by accident, but must be intentional. *Shalom*

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students participated in risk-taking behavior such as smoking or alcohol abuse. In general, while those who attended church were somewhat more likely to be experiencing *shalom*, there was a stronger indication that participation in sports clubs promoted this in greater measure.

5. Kloha, "Koinonia in the life of the church," (2012, 30-31)

describes the kind of life that this fellowship entails: wholeness, completeness, peace, and harmonious relationships. These twin theological concepts are needed to combat the inherent individualistic tendencies both in the church and in society, which distort and limit the idea of salvation.

At the beginning of this section, it was noted that the New Testament doesn't give specific instructions regarding small group ministry per se. However, the explicit examples of Jesus' discipling of the twelve and the intentional gatherings of people forming the church strongly suggest that small group gatherings were and still are an essential church practice. Moreover, the foregoing theological analysis argues that the use of small groups could be instrumental in helping congregations experience greater *koinonia* and *shalom*, the kind of life envisioned in the New Testament for the church. Having thus described the theological foundations to the thesis-project, the next chapter will review relevant literature. This will help to gain an understanding of specific practices in different church contexts and help build a case for the development of the curriculum for this research.

CHAPTER THREE

LITERATURE REVIEW

This chapter will review the literature and draw insights according to three themes that are relevant to this project: 1) The congregation as a healing community; 2) The advantages of a small-group ministry; and 3) a review of workbooks and other resources that facilitate a small-group healing ministry.

The congregation as a healing community

This first section will review the literature concerning the local congregation as a healing community, with an emphasis upon spiritual direction, as discussed in the previous section. The first two articles to be reviewed are contained in the volume *Competent Christian Counseling Volume 1*.[1] The first article, "Pastoral Care and Counseling," argues that the ministry of soul care should be centered within the local church.[2] The authors define the role and purpose of the church by utilizing metaphors that describe the church as a dwelling place for God (1 Corinthians 3:16), a holy nation (1 Peter 2:9-10), and the fellowship of the Spirit (John 3:3-8; Galatians 5:22-23).[3] These underscore the idea of the church as a community to which God has called his people,

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1. Clinton, Timothy E, George W Ohlschlager, and American Association of Christian Counselors. *Competent Christian Counseling*. 1st ed. (Colorado Springs, CO: WaterBrook Press, 2002).

2. Hawkins, R, Edward Hindson and Tim Clinton (2002). Pastoral Care and Counseling: Soul Care Centered in the church. In *Competent Christian Counseling,* eds. Timothy Clinton and George Ohlschlager. (Colorado Springs, CO: WaterBrook, 401-423).

3. Hawkins et al. "Pastoral Care and Counseling," (2002, 404-406).

"an anchor point that is of vital significance for individual health and growth." Furthermore, "individual contributions to the larger body are rooted in personal giftedness, and they impact others for good...which validates personal significance and is inherently therapeutic."[4] (Hawkins, 404).

This article also discusses the role of the pastor, whose ministry includes preaching the word and counseling. However, the authors argue that the role of counseling cannot be accomplished by the pastor alone. Pastors need to train members to use their spiritual gifts for building up the body of Christ, including lay counselors. Counseling, therefore, should be the responsibility of the entire church (Hawkins, 409). Several prominent authors are quoted to support this assertion, including Larry Crabb who argues that the church needs to go beyond preaching moralism and adopt a vision of communities where disciples are intentional about shepherding one another (Hawkins, 415). The church should be intentional about assimilating new members and anchoring them in God's word and the community, giving them opportunities to grow and mature, which includes the use of small groups to achieve these goals.

The second article in *Competent Christian Counseling*, by Siang-Yang Tan, "Lay Helping: The whole church in soul care," affirms this same basic thesis: since pastors by themselves cannot provide all the soul-care services a congregation needs, lay counselors and small groups should be trained to assist the pastor in providing them. Dr. Tan, a professor at Fuller School of Psychology, defines lay helping as "caregiving by nonprofessional or paraprofessional helpers who have limited or no training in counseling skills." Based on his review of several professional articles, Tan claims research

4. Hawkins et al. "Pastoral Care and Counseling," (2002, 404).

demonstrates that lay counselors can be an effective asset in ministry (Tan 2002, 416). He also argues that lay helping has become a significant part of both Christian ministry in local churches and the contemporary mental health scene (Tan 2002, 414). The author then proceeds to provide a model for Christian lay counseling, which is basically a list of principles that can be practiced in a small group (Tan 2002, 429).

Both these articles (by Hawkins and Tan) are helpful. The first one provides a biblical and theological basis for equipping the entire congregation in helping the pastor in lay counseling. It affirms that congregations need to move beyond merely going to church to get a blessing and become more intentional at reaching out with God's love. The article gives some good principles but does not go into detail about how to equip lay counselors. Tan's research into the efficacy of small groups of lay counselors is also an important foundation to build upon. The article, however, is limited in that it does not provide specific plans or concrete models for equipping a congregation to offer small group healing communities.[5]

Fortunately, the following articles were more helpful in this regard. Leigh Bishop's "Healing in the Koinonia: Therapeutic dynamics of a church community" utilizes social psychiatric research to promote the efficacy of healing communities, which practice the kind of sharing discussed in chapter two of this thesis-project under the concept of *koinonia*. Bishop reviews the social and psychological dynamics of healing communities in general, and then utilizes a congregational case study to examine the dynamics of a healing community. Drawing upon Henry Almond's work, she identifies

5. This information may be found in Tan's book *Lay Counseling: Equipping Christians for a Counseling Ministry* (2016). The book is not used here because equipping lay leaders is beyond the purview of this research.

two qualities essential for a healing community.[6] The first is *communitas*, which implies "membership as having a central importance in an individual's life."[7] The community imparts to its members a sense of belonging in which each member is unique and yet important to the group. It also provides shared norms and a shared belief system. The second quality essential for healing community is *healing charisma*, which Bishop defines as "the sense of specialness which the community imparts to the individual members which encourages them to go beyond their accustomed roles and to become what they would like to become."[8] In other words, the community itself becomes a resource and an encouragement towards helping the person achieve his/her spiritual, psychological, and social goals. This is accomplished when the person moves from isolation to involvement, and from passivity to activity. Following Almond (1974), Bishop notes how active involvement includes confession and catharsis. Confession is where the person openly acknowledges his/her own contribution to the problem. Catharsis occurs as a result of confession, when emotional tension is released, and the person moves towards identifying with group norms and shared beliefs. Hence, through *communitas* and *healing charisma*, a congregation becomes a source of healing by providing a sense of belonging and the moral and social support towards wholeness and healing.

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6. Almond, H. *The healing community: Dynamics of the therapeutic milieu.* (New York: Aronson, 1974).

7. Bishop, "Healing in the Koinonia," (2018, 13).

8. Bishop, "Healing in the Koinonia," (2018, 14).

Thomas Droege's article, "Congregations as Communities of Health and Healing" also stresses the importance of churches and other faith communities in the promotion of overall spiritual and mental health.[9] In fact, the Center for Disease Control (CDC) has urged health agencies to partner with churches, particularly those that are able to reach minority communities which experience greater health risks.[10] While hospitals can serve for those who are sick and need immediate care, churches are in the best position to offer help with lifestyle changes, volunteer caregiving, and the overall well-being of individuals and the communities they live in. According to the American Medical Association, half the deaths due to disease have to do with lifestyle factors.[11]

Drawing on evidence from the social sciences, Droege notes how spirituality plays a role in maintaining health:

> Spirituality has survival value for people in situations of dire stress, such as a death camp or a devastating flood. Those with hope and a sense of meaning and purpose are more likely to survive. What keeps us whole spiritually keeps us whole in mind and body as well. Healthy souls make for healthy bodies. (Droege 1995, 120).
>
> Healthy congregations promote solidarity, give meaning and purpose to life, inspire hope, pursue social justice, and serve those in need wherever they may be. Regular public gatherings for worship, social activity, and service deepen the spirituality of congregational members and motivate them to serve as ambassadors for health in every sphere of life (1995, 122).

While the example of the Mennonite's "parish nurse" that Droege develops is beyond the scope of this paper, his research underscores the need of a church to be able to have a

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9. Droege, Thomas, "Congregations as communities of health and healing" In *Interpretation: A journal of Bible and theology,* (*49(2),* 117-129, 1995).

10. Droege, Thomas, "Congregations as communities of health and healing," (1995, 117).

11. Droege, Thomas, "Congregations as communities of health and healing" (1995, 120).

healing and health ministry that encourages healthy lifestyle and behavioral changes which are supported through healthy relationships in the congregation.

Judith Woodall's article "The Pentecostal Church: Hospitality and disability inclusion: Becoming an inclusive Christian community by welcoming mutual vulnerability" (2016) focuses on how a congregation can benefit from including those with disabilities. While Pentecostal churches have focused on divine healing, others, such as those with a disability, remain sick, and find themselves marginalized in the congregation or hiding their disability (2016, 131).[12] Woodall argues that this is a theological problem rooted in a faulty understanding of the *imago dei*, in which humans, made in the image of God, should be perfect; therefore, disability is disregarded because it is not a part of the original plan.[13] Drawing upon insight from theologian Dawn Devries, Woodall believes that "rather than judging disability to be an imperfection in God's original design, creation should be viewed more about relationships than design." Hence, a Pentecostal congregation should be more concerned about helping to establish a right relationship with God through love and suspend judgement about healing. Rather than view those with disabilities as merely objects of God's healing, the congregation should include them as effective ministers of the Holy Spirit.

Woodall draws support from Amos Yong, a Pentecostal theologian who desires charismatic churches to return to a 'baptism of love' and to practice the following points to maintain inclusivity:

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12. Woodall, J (2016). The Pentecostal church: Hospitality and disability inclusion. Becoming an inclusive Christian community by welcoming mutual vulnerability. *Journal of the European theological Association*. *36(2),* (2016, 131).

13. Woodall, "The Pentecostal church," (2016, 132).

> First, that people with disabilities are at the center of what it means to be the people of God because the church primarily consists of the weak, not the strong. Second, through the presence and empowerment of the Holy Spirit people with disabilities, even profound conditions, can effectively contribute to the church. Finally, people with disabilities are a pattern for the embodiment of the power of God and a reflection of divine glory.[14]

Woodall's fundamental position is that a Pentecostal congregation could become a more inclusive, supportive community by transforming its thinking regarding those with disabilities. This is not something to be feared but embraced by all. To underscore this point, she quotes Thomas Reynolds, who suggests, "To be created in the image of God means to be created for contributing to the world, open toward the call to love others. Three dimensions are implied: creativity with others, relation to others, and availability for others" (Woodall 2016, 135). Woodall's insights regarding the role of the disabled in the general ethos of a Pentecostal congregation is important in helping produce a more inclusive healing community.

The three articles above, which argue for the potential role of congregations to promote physical and emotional health as well as spiritual well-being, do so from different but complementary angles. While it is impractical to assume that every member within a congregation can assume the role of lay counselor or small group leader within a church's healing ministry, it is reasonable to expect a smaller number of committed individuals within the church to do so. Hence, the next section will review literature regarding small groups and healing ministry.

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14. Woodall, "The Pentecostal church," (2016, 136).

Literature on the advantages of small groups

In "Confession and healing in a small group community," Theresa Latini advocates for small groups to serve as places of healing within a faith community. First, she notes how small groups provide a significant venue for congregational care.[15] Whether they are formal or informal, small groups enable people to minister to one another more easily and in a more holistic way, spiritually, emotionally, and physically. Second, small groups provide a sense of belonging, trust, and intimacy, which serves as a "social solvent: a means of enduring detachment from traditional forms of community life" (2010, 34). This is particularly necessary for those who might be experiencing displacement from family or their local community. Thirdly, Latini points out that "small groups create space for people to share their sin and suffering in a community of compassionate accountability" (2010, 34). The practice of opening up and sharing without being judged is immensely therapeutic. In the end, people feel better about, and can more easily forgive, themselves.

Sonia Water's article, "Identity in the empathic community: Alcoholics Anonymous as a model community for storytelling and change," interprets the dynamics of storytelling from the perspective of relational psychoanalyst Donnel Stern's work on narrative in the analytic session.[16] Waters draws the following three insights from Stern's research:

> First, storytelling is an emergent process that takes unformulated meaning and forms it in light of one's involvement in relationships. Second, listening and being heard is not primarily about sharing content but internalizing the dynamic of that

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15. Latini, T. F. (2010). Confession and Healing in Small-Group Community. *Word & World, 30(1),* (2010, 33).

16. Waters, Sonia. "Identity in the Empathic Community: Alcoholics Anonymous as a Model Community for Storytelling and Change." *Pastoral Psychology. 64 (5),* (2015), 769-782.

> relationship. And a related third, it is not the new story that leads to change. Instead, the story is a sign that the change has already occurred.[17]

Through storytelling at AA meetings, relationships and empathic listening are strengthened. One learns to identify with the storyteller. Moreover, the act of telling one's story—from being in a state of hopelessness to one of hope—is an act of resistance which has the potential for strengthening one's resolve: "By telling our stories, we claim our agency against meaninglessness and oppressive events."[18] Hence, the act of storytelling in an empathic community leads to personal resolve and healing. This insight from Alcoholics Anonymous (AA) can potentially be an important practice for a church small group.

In "A church-based peer-led group intervention for mental illness," Edward Rogers and Matthew Standford, use the example of Living Grace Groups (LGG) to advocate for the incorporation of spirituality into mental health interventions for religious people.[19] These LGGs are peer-led, faith-based, psychoeducational support groups which use a psychoeducational manual as a guide for group sessions and incorporate the language of faith. The general procedure for each group is as follows:

> Each group involves prayer and scripture reading, and members are encouraged to share stories of God's grace working in their lives in positive ways. At the same time, dogma specific to any denomination is minimized, and a diversity of ways of relating to God and understanding his work in the world are welcomed. Use of prayer and specific religious examples models the positive use of religion to cope

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17. Waters, "Identity in the Empathic Community" (2015, 771).

18. Waters, "Identity in the Empathic Community" (2015, 772).

19. Rogers, E. B., & Stanford, M. S. "A church-based peer-led group intervention for mental illness." *Mental Health, Religion & Culture, 18(6)*, 470-481, (2015).

> with mental illness and promotes a more vibrant personal and communal spirituality.[20]

Such practices increase social connections and help group members feel that they are not alone on their own journey. Rogers and Standford also conclude that LGGs offer essential coping mechanisms and promote recovery and growth with minimal cost and maximum accessibility. Obviously, faith communities are an appropriate venue for such activities.[21]

Sharon Sageman's article, "Breaking through the despair: Spiritually-oriented group therapy as a means of healing women with severe mental illness," documents how women with severe mental illnesses were able to find healing through a spiritually directed approach.[22] The approach was created because the women themselves expressed the need to integrate spirituality into their existing group therapy sessions. Once integrated, this spiritually oriented therapy helped improve mood, affect, personal bonding, and sense of self in ways that traditional therapy had not. Sageman maintains that spiritual beliefs contributed to treatment success. She also documents how

> changing the group from the original focus (namely medication and health, medication compliance) to spirituality and health seems to have improved rather than reduced medication compliance. All of the patients whom I medicate in the group now show a great deal of trust in me and are totally compliant with the medications I prescribe. My co-therapist and I emphasize self-empowerment, spiritual awareness, and natural ways of improving health.[23]

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20. Rogers and Stanford, "A church-based peer-led group intervention," 475.

21. Rogers and Stanford, "A church-based peer-led group intervention," 477.

22. Sageman, Sharon. "Breaking through despair: Spiritually-oriented group therapy as a means of healing women with severe mental illness." *Journal of the American Academy of Psychoanalysis and dynamic psychiatry*. *32(1)*, 125-141, (2004).

23. Sageman, "Breaking through despair", 130.

Sageman notes how praying for one another contributes to improved emotional and physical health and helps them to feel that they are a part of a caring community. In her discussion, the author "found that somehow the patients were able to transcend their thought disorders and concrete thinking when it came to talking about spiritual beliefs and experiences."[24] It seemed that they were able to access a different part of the brain which helped them to integrate and share philosophical insights. While initially skeptical, Sageman concludes:

> Examining the group's response to specific modalities including group prayer, yoga breathing, and spiritual readings through both a psychodynamic and neurophysiologic perspective provides a framework for understanding why this approach may be much more effective than traditional therapy for these patients.[25]

Besides offering a spiritually directed approach to group therapy that could serve as a model for a similar church-based small group healing ministry, the author lists specific concrete practices that may be helpful in leading a church-based group.

Finally, Gerald Corey's *Theory and Practice of Group Counseling* provides an important resource for the formation of counseling groups, theoretical approaches to group counseling, and the qualities group leaders need.[26] While the book is meant for professional counselors in professional environments, it does provide an important resource to help one understand the theological/psychological approaches to group work and how this research-project fits within that context. It also identifies qualities and skills

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24. Sageman, "Breaking through despair", 137.

25. Sageman, "Breaking through despair", 139.

26. Corey, G. *Theory and Practice of Group Counseling*, 9th ed. (Boston, MA: Cengage, 2016).

needed for the group leader, addresses the issue of how much self-disclosure is needed in the group, and how to address anxiety. These things are largely absent from the other articles and research reviewed, which apparently assumes a level of experience or training in such matters. The ethical considerations in chapter three are also important since ministry leaders need to be aware of ethical considerations as well. Finally, as the book defines different psychological approaches to group counseling (Gestalt, Transactional, Cognitive-behavioral, etc), it not only familiarizes the practitioners with these different approaches but encourages them to use them as tools that can be applied in various situations. For all these reasons, and more, this book will be useful in the development and implementation of church based, small group healing communities.

Small group guides

The following books and resources advocate a small-group approach and provide either a methodology or guide in leading small groups. Jan Hook, Joshua Hook, and Don Davis' book, *Helping groups heal: leading small groups in the process of transformation*, was written "to help small group leaders develop basic and advanced skills to create a group context in which members can experience healing and growth."[27] The book utilizes a model called The Healing Cycle, which describes how small groups can promote healing and growth in six steps: grace, safety, vulnerability, truth, ownership, and repentance.[28] As the book proceeds through the six steps, each chapter then includes a

27. Hook, J. P., Hook, J. N., & Davis, D. E. *Helping groups heal: Leading small groups in the process of transformation*, (West Coshohocken, PA: Templeton, 2017), 3.

28. Hook, Hook and Davis, *Helping groups heal*, 7.

subsection that discusses the concept, blank lines for personal feedback, a subsection titled “heart skills in action”, and subsections for group and individual work.

The authors draw upon the research of Irvin Yalm, a psychologist who specialized in group therapy focused on the interpersonal process. The basic underlying idea is that people develop problems within relationships and then perpetuate these problems because they lack the necessary feedback from others. Thus, the purpose of the small groups is to provide a culture of grace where such feedback is given and received as the problems arise, without fear of judgment. There are two main reasons why small groups can provide such an effective environment for growth and healing: First, members receive feedback and experience it as it is happening in the group. Second, they provide a context for the power of relationships to flourish.[29]

This book is a valuable resource to help see and facilitate relational skills at work during the group process. The six steps are essential dimensions of relationship building, which are all necessary dimension of interpersonal healing; and group members receive sympathetic feedback in the moment which facilitates growth and maturity. While the authors give some advice and identify possible pitfalls for each session (and how to get out of them), one possible difficulty with the approach is that it assumes a high degree of openness and vulnerability in order for the group to progress. As is often the case, it may be difficult for group members to truly be vulnerable and move beyond giving superficial answers. It might be more helpful if the group facilitator focuses the group first on something neutral, such as an article or biblical passage that would lead to the topic on

29. Hook, Hook and Davis, *Helping groups heal*, 13.

hand. Nevertheless, this resource provides a general outline for developing small groups with a culture in which people can experience a safe place to grow and find healing.

The next two resources are workbooks with reproducible interactive and educational handouts. Although they deal more directly with loss and trauma, the workbooks provide additional resources that may be utilized in a group setting. *GriefWork: Healing from Loss,* written by Fran Zamore and Ester Leutenberg, is designed "for therapists, group facilitators and other professionals working to help grieving people heal from their losses" (2008, 7).[30] Chapters include topics such as "Getting in touch," "Telling your story," "Self-care," "Relationships," and "A new normal," all designed to help people pass through the stages of grief. The workbook discusses The Healing Pathway, which provides a framework and a common language to talk about the grieving process without timelines" (2008, 13). Its purpose is to help clients establish their new normal.

The second workbook, *Managing Trauma Workbook: A toolbox of reproducible assessments and activities for facilitators* is written by Ester Leutenberg and John Liptak.[31] They state that the goal of the workbook is not to diagnose a mental illness, but to "touch upon some of the symptoms and possibilities of trauma, create realizations, and provide coping mechanisms which will help people to go forward and perhaps to consider the possible need for medications and/or therapy." The purpose of the activities and assessments in the workbook are designed to provide tools for facilitators to help

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30. Zamore, Fran and Ester Leutenberg. *Griefwork: Healing from loss*. (Duluth, MN: Wholeperson stress and wellness publishers, 2008).

31. Leutenberg,Ester R. A and John Liptak. *Managing Trauma Workbook*. (Duluth, MN: Wholeperson stress and wellness publishers, 2015).

victims of trauma overcome the stigma to reactions of trauma and to live their lives more effectively. The workbook is divided into five sections: 1) "The story of my trauma," 2) "My escape mode," 3) Managing my transition experiences," 4) "Tools for coping with my symptoms," and 5) "Erasing the stigma of mental health issues."[32]

Conclusion

Overall, the literature reviewed offers valuable insights on the use of healing small groups within a faith community such as a church. While the church as a whole would play a vital part in providing a community where healing and growth can occur, the importance of small groups with such a focus within the larger church becomes a vital part of the healing ministry. The importance of developing *communitas* through mutual sharing and storytelling provides a theological basis for the use of such groups for healing and building community. This includes the necessity of a place where one can narrate his/her story as they journey through healing. The methodologies and the workbooks provide additional tools for developing a curriculum for a church-based small group healing ministry.

32. Leutenberg and Liptak, *Managing Trauma Workbook*, v.

CHAPTER FOUR

DEVELOPMENT OF CURRICULUM

The purpose of this chapter is to lay out the curriculum for a healing small group, based upon insights gained from the theological analysis and the literature review. The first part of this chapter will explain pre-group formation. The second part will provide the materials and format for the execution of the curriculum.

Definition of terms

The word *curriculum* is defined as "the content made available to students for their actual learning experiences guided by a teacher. That content includes information, formation, and transformation for head, heart, and hand impacting all of life.[1] While the curriculum for this project will be used in an informal small group and not a formal classroom, it will still provide information and guidance for imparting information for the formation and transformation of group members. This will be done by identifying certain *aims,* or learning goals, for each lesson. The curriculum will then present these lessons in a logical progression of *steps,* pursued in a series of *sessions.* A *session* is synonymous with a small group meeting, usually occurring once a week. Some steps may need more than one session to complete. The *course* refers to the entire class itself from first week to last and focusses on the purpose and aims. References to the *group* focuses more on the collective community of people who participate the course.

1. Kurian and Lamport, *Encyclopedia of Christian education*, 364.

Pre-group Issues

Corey's book *Theory and Practice of Group Counseling* (2016) provides a helpful guide when conceptualizing the formation and the execution of the curriculum, while *Helping Groups Heal* by Hook, Hook, and Davis (2017) helps group leaders develop the skills to become more effective facilitators. Corey recommends drafting a written proposal, identifying the population to be served, a rationale for the group, justification for the group, screening and selection for members, size and duration of the group, follow-up, and evaluation procedures, to which we now turn (70, 2016).

Purpose

The purpose of the group, as stated in the thesis, is to develop a church-based healing community for people who are currently experiencing mental health issues, or who have suffered from abuse, trauma, or loss. The aim of the course would be to help people find spiritual and emotional healing in a community of sympathetic like-minded supporters who help integrate them into a community and provide sympathetic feedback in real-time.[2] A further aim of this course is to help people make sense of their lives by telling others of their experiences. This aim is accomplished spiritually when life events become a story that the person is coauthoring with God.

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2. As pointed out in Hook, Hook, and Davis (2017, 12-13), people develop problems in relationships and then perpetuate these problems because they lack accurate feedback. One of the benefits of small-group counseling is that people obtain experience and feedback in the moment. "Small groups give people a chance to develop close, trusting relationships with the leader and other members."

Allender (2005:1) explains the importance of helping people story their own lives:

> Everyone has a story. Everyone's life is a story. But most people do not know how to read their life in a way that reveals their story. They miss the deeper meaning in their life, and they have little sense of how God has written their story to reveal himself and his own story.

As Allender explains, the importance of telling one's story is to help make sense of it, and hence, make sense of one's own life (2005, 6). This aim is only accomplished, however, when group members have a chance to open up and share their story with others. And drawing upon research with Alcoholics Anonymous groups, Waters has suggested that storytelling in an empathic storytelling community increases self-efficacy, social support, and mutual commitment to abstinence (2015, 771). Telling one's story "confers agency, and therefore dignity…" which helps with overcoming social as well as psychological impairments (Waters, 772).[3]

Population

The population to be served obviously includes those with mental health issues, both those who are clinically admitted and need additional support outside of the therapist's office, and those whose symptoms are less severe but still need the benefits of a support group. One or two other mature church members are permitted to join to help train them in this kind of ministry and to offer friendship and support for those who may wish to attend the regular Sunday morning worship. Membership will be voluntary and

3. Rogers and Stanford's article (2015) also discusses research on Living Grace Groups helps with psychoeducation, coping skills and increased interpersonal connections. The format includes group socialization and discussions in meetings which helps members realize that they are not alone.

heterogeneous in that members will be a racial/ethnical mix of different age groups. However, this particular project is focused only on adults; so, children and teens will not be involved. Men and women will participate together. However, there may be occasions, based upon group dynamics, when the genders will be split into their own groups for a short time.

Group Selection and Size

The group itself will be announced internally within the church and on its website. Informational brochures will be printed up, and church members are encouraged to spread the word and invite those who might benefit from the group, even if they are people of other religions or not churchgoers. However, the group leader will have final say about the selection of members.

Because the curriculum is based upon a progressive order of curricular dynamics, group meetings will meet weekly and have a limited duration. When the course itself has concluded, a new group may be formed to repeat the course if others are interested. Group members are also allowed to repeat the course. Since the aim of the course is to help foster trust, intimacy, and support from other members, the group will primarily be a closed group. Those wanting to join when a group is already in the midst of the curriculum are encouraged to wait until a new group forms. This will help ensure the group's stability and consistency of members.

To help promote intimacy, prevent anxiety when sharing intimate details, and give members opportunity to talk and engage with others in the group, the group should

not be more than twelve people. But the group should not be too small, either, or there may be a lack of discussion and necessary feedback from one another. Ideally, the group should be four to ten people, plus the leader.

Conducting Group Meetings

Once group members have been selected and the time for meetings set, the first meeting will be a time for general introductions and orientations. This is the initial phase, which, according to Corey (2016, 73), helps to establish inclusion and group identity. Corey lists several questions that group members may ask themselves during this phase, including how well he/she will be accepted in the group, how much personal information should be revealed, how much others can be trusted, how well does he/she fit in, etc. The initial phase helps to establish trust, which the group leader with skill will help facilitate. If this first step is not established, then "interaction will be superficial, little self-exploration will take place, constructive challenging of one another will not occur, and the group will operate under the handicap of hidden feelings."[4]

The duration of the initial phase is intended to be one session but may stretch into two if it takes time for the group leader to establish the proper group dynamics. The sequence of the first session may commence as follows: First, the group leader will introduce himself/herself and discuss the purpose and aims of the course. Next, it is important for the group leader to help assist members in defining personal goals and expectations for the group as well as answer any questions they might have. During this

4. Corey, *Theory and Practice of Group Counseling, 73.*

time, the group leader should begin to develop empathy with group members and to demonstrate through modeling that this is a safe environment and that the group leader has positive regard for the members. It is also a time to lay down initial ground rules for the group. For example, members need to agree that whatever is spoken in the group stays in the group. As the group sessions progress, there will be other principles or rules that will be learned to foster a trusting and caring environment.

Before beginning with the curriculum, starting off with an ice-breaker activity is encouraged.[5] Randall Neighbor has this to say: "Icebreakers are vital to the growth of a small group or cell group. People don't quickly divulge needs and hurts in a group setting. They have to practice sharing and learn that it's safe to share deep things."[6] The purpose is to help group members interact with one another without delving into topics that may be too personal in the initial stage. The ice-breaker activity should be accomplished in the first session with the curriculum beginning in the second session, regardless of whether the leader feels more time is needed to develop group dynamics. Finally, since it is assumed that most if not all the members will be Christians, it will be a good practice to end each session in prayer. If the group is comfortable with the idea, prayer requests may be given.

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5. See Appendix A for a listing of possible ice-breaker activities from Ralph Neighbour, *303 Icebreakers* (Houston: Touch Publications, 1999).

6. Neighbour, *Icebreakers*, 28-29.

The Curriculum

The curriculum for this thesis project is based upon insights from several books. Its basic structure follows Hook, Hook and Davis's Healing Cycle from their book *Helping Groups Heal* (2017), which consists of six steps: Grace, Safety, Vulnerability, Truth, Ownership, and Growth. While the progression of these six steps will be followed, they will also be expanded for this project to the following seven: Brokenness, Grace, Safety, Exploration, Listening, Truth, and Ownership/Repentance. These steps and their aims are laid out on Table 1. The book *Helping Groups Heal* not only provides an appropriate curricular model in the Healing Cycle, complete with individual and group exercises, but it also helps group leaders become more skillful at leading groups. The example of fictitious group dialogues, which illustrate possible problems and pitfalls, is particularly helpful. Other resources that will be used to supplement the curriculum include Dan Allender's books *Healing the Wounded Heart* (2016) and *To Be Told* (2005), Diederich's *Healing the Hurts of Your Past* (2006), Zamore and Leutberg's *Griefwork: Healing from loss* (2008), and Sharon Sageman's "Breaking Through the Despair: Spiritually Oriented Group Therapy as a Means of Healing Women with Severe Mental Illness" (2004).

Each step in the curriculum will be approached implicitly rather than explicitly. In other words, the group leader will not state openly, "We are now going to talk about 'grace." Rather, she will begin by asking people to read an appropriate passage from the Bible or from a news story which illustrates the theme of the curriculum. Reading a relevant passage of scripture or news item helps group members open up by beginning with safe, less personal matters. This is better than asking members directly how they feel

about a particular subject. Hence, the curriculum for each step will include relevant biblical passages, stories, or other news items to stimulate conversation which will serve as a springboard for more personal discussions and applications.

While the steps of the curriculum are based on the healing cycle, and the basic content set, it may be necessary to modify sessions to respond to the needs of specific group members. People who have suffered abuse, trauma or severe loss try to cope with their pain in various ways, and some need more time and attention than others. Therefore, while the course will generally have a determined number of weeks per session (as indicated in Table 1), each session will be evaluated to determine if the number of sessions planned is sufficient. Individuals who require more attention may need one-on-one sessions with the pastor or group leader. But if several individuals need more time, then consideration should be given to adding sessions to explore and apply the material.

Table 1. Layout of the seven steps and the curriculum.

Steps	Sessions	Aim	Resources
Introduction	1	Introduce the course. Get to know one another.7 steps	Icebreaker. Pre-test questionnaire Homework: *Griefwork* p. 38.
1. Brokenness	2	Acknowledge state of brokenness and begin talking about their experiences of pain and brokenness.	*Session 1:* Psalm 44 or 88. Review *Griefwork*, p. 37-38, Homework: *Griefwork*, p. 41-44. *Session 2:* Review homework. *Griefwork* p. 49
2. Grace	1	Understand and experience unconditional acceptance and positive regard.	*Helping groups heal* p. 39 John 8:1-11 1 Timothy 1:12-16 Homework: Grace from others
3. Safety	3	Maintain a safe space and create boundaries. Focus on self-care	*Session 1:* Luke 7:38-50 James 4:11-12 Homework *Griefwork* p. 65 *Session 2:* *Griefwork* 65 (and 66). Matthew 22:39 *Griefwork* p. 67 Homework: *Griefwork:* 79, 83. Session 3: Review homework. *Helping groups heal* .80-87.
4. Exploration	2	Gain the necessary relational skills to maintain personal	Psalm 55: 6-8, 22. Matthew 6:14-15, Colossians 3:13.

		boundaries and sacred spaces. Find forgiveness and healing.	*Homework: Griefwork* p. 95-98. Session 2: Review *Griefwork* 95-98. Homework: *Griefwork:* 101-102,
5. Listening	1	Foster skills broadly defined as "listening skills", which will help facilitate understanding one another more accurately and sympathetically.	*Helping Groups Heal* p. 102-122. Role play exercises: *Individual counseling and therapy: skills and techniques*. (See appendix B). James 5:16
6. Truth	1	Receive accurate feedback from others and assess that feedback without becoming defensive.	John 4:1-30 John 8:32 Homework: Step 7 Worksheet.
7. Ownership/ Repentance	2	Take ownership of the truth received and translate that into action.	*Session 1:* Review Step 7 worksheet 2 Samuel 11 Psalm 32 Matthew 5:24-25 *Session 2:* *Healing the hurts of your past*. P. 126. Anderson: Scripture passages relating to our identity in Christ.
Conclusion	1	Summarize and conclude the course. Discussion of the course.	Post-test questionnaire

Introduction

The introductory session will begin with the group leader welcoming all the members, briefly discussing the purpose and goals of the course and answering questions. Next, the group leader will say a few words of introduction about himself/herself and then, going around the room, have each person briefly introduce himself/herself. This will be followed by laying down some basic ground rules, which may include the following principles:

- What is spoken in the room stays in the room (no gossiping)
- Treat one another with respect.

In addition, the group leader will ask everyone to share what they hope to get out of the group and what questions they may have. After this, depending on the size of the group, the group leader can lead with one or two ice-breakers, found in Appendix A.[7] This would be an important time to take mental notes of members' responses including behavioral cues, which will help the leader gain information about each person's profile.

A final task to be accomplished in the introductory session is completion of a questionnaire, which is modified from Standford's SPARQTools website, measuring psychological well-being.[8] The group leader will help walk members through the questionnaire, assuring them that the right answers are the ones that members answer honestly regarding how they feel at the moment. When these have been completed, the

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7. Randall G. Neighbour, *303 Icebreakers*.

8. The purpose of the questionnaire, which is found in Appendix B, is to provide an additional tool for the group leader to assess the course materials and the group dynamics in helping individual group members towards wholeness and healing. The same questionnaire will be filled out at the last day of the course for comparison. The questionnaire has been modified from Stanford University's SPARQTools website "Psychological well-being" https://sparqtools.org/measuringmobility/. A few of the questions have been removed since they did not seem relevant to the course.

group leader will collect them for comparison with the post-test questionnaire. For homework, the group leader will distribute page 38 from the *Griefwork: Healing from Loss*, which will be used in the next session to talk about their current emotional state.[9]

Brokenness

In terms of sequence, the first skill in Hook, Hook and Davis's Healing Cycle is "Grace." A subsection under Grace is "brokenness," where the authors state that "the first heart skill is getting in touch with and being able to share your story of brokenness."[10] However, because group members may be experiencing trauma or grief, this researcher believes it would be more helpful to make "Brokenness" its own skill and devoting a whole session to it before discussing "Grace."[11] The aim of this skill is to acknowledge one's state of brokenness and begin talking about one's own experiences of pain.

The group leader can begin the session by sharing a personal story, highlighting that this is a broken world and all of us have either sinned against God or been wounded and harmed by others. Passages of the Bible such as Psalms 44 or 88 can be read to demonstrate that even those who love God go through difficult times, and it is not wrong to pour out one's complaints before God.[12] As members begin to express their thoughts,

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9. All of the handouts from Zamore and Leutenberg *Griefwork:" Healing from loss* (Duluth, MN: Wholeperson, 2008) have been reproduced in Appendix I.

10. Hook Hook, and Davis, *Helping groups heal*, 35.

11. Hook, Hook, and Davis does not deal directly with those suffering abuse or trauma and did not need to discuss brokenness at length.

12. Sageman (2004, 126) briefly notes how the reading of such Psalms to mentally ill women help them to realize that there is no problem in opening up about anger or despair.

this will be an opportunity for the group leader to discern members' reaction to the Psalm reading and the conversations that ensue. It is possible that certain group members may become emotional as they recount their own experiences. If this is the case, the group leader may spend some time ministering to that person.

After discussing the psalm, the group leader should then ask the members to take out their homework so the group can discuss the "Emotions Salad Bowl" handout from *Griefwork*, a tool designed to help members identify and express their current emotions.[13] Some may not be willing to divulge their emotional state at this point, which is not a problem. The group leader will encourage the group that it is safe to share their thoughts while at the same time assuring them that one is not required to share if he/she is uncomfortable doing so. Session one of the Brokenness Step will come to an end when the leader distributes the handouts from *Griefwork's* "Serenity prayer" worksheets, which help people identify and discuss things in their lives they can control, and things that are out of their control.[14] It should be noted that if certain members do not do the worksheets, the next session will still proceed and have enough for a discussion.

Session two will begin with the group leader going over the homework, noting member responses regarding things that they feel they can and cannot control. In the discussion, the group leader may ask members what changes they would like to see in their lives and whether they are attainable goals. In addition, the group leader can distribute the handout from *Griefwork* page 49, "you're not alone," which helps members identify certain emotions they might be feeling at the moment. The group leader can

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13. Zamore, *Griefwork*, 38-39. The instructions for the group leader are on page 38. Page 39 is the handout for group members.

14. Zamore, *Greifwork*, 41, 43.

receive these handouts after they are completed, which will help provide more information on the spiritual and emotional condition of group member and how to minister to them.

Grace

The skill of brokenness leads naturally into this next session on Grace, which will help provide a smooth transition. The group leader should begin by reviewing the homework and discussion from the previous sessions. This may last 10-15 minutes, depending on group size. Next, the group leader will begin the transition to grace by reading from the book *Helping Groups Heal*, page 39, asking questions about how people have coped with their pain or the reality of their brokenness, pointing out that we often do so in ways that are unhealthy and cause others pain (Hook, et al. 2017). While members may understand that they have caused others pain because of their own, they may not know how to act differently. This is where the discussion will turn to grace.

The second skill to be learned is "Grace." Understanding that all of us have experienced brokenness to some extent, the aim of this next section is to understand and experience unconditional acceptance, also called unconditional positive regard (Hook, et al, 2017, 15-17).[15] A secondary aim is to help members identify grace already present in their lives, experienced through life events or relationships. Grace is the heart of God expressed towards us. Even though members of the group may have experienced

15. Hook Hook, and Davis, *Helping groups heal*, 15-17.

moments of grace in their lives, an important aspect of this skill is to help members understand that grace ultimately comes from God.

This step also corresponds with Allender's "Kindness." But for those who have been abused, Allender warns us, the transition to this step may take some time and discernment from the group leader:

> A sexually abused person is usually ambivalent about kindness. Because 91 percent of abusers are known to their victim, it is highly likely the abuser used kindness and sensitive reading of the victim to create access and trust. Grooming ruins the childlike desire to trust. A kind person will be read with great suspicion.[16]

In this case, the group leader needs to be aware of an attitude of ambivalence towards grace. Grace and kindness involve a level of trust in the presence of another person. For the purposes of this curriculum, if the person is showing signs of ambivalence and is not willing to open up to the group or the group leader, the pain and brokenness might be too deep. The group leader may opt to have individual counseling for this person.

An aspect of healing that comes with Grace is the ability to learn not only to trust others with feelings, but to understand that their life is a story which is unfolding in God's love. Having experienced pain, brokenness, and rejection from others, the group leader helps the members to identify ways they have coped with their pain, some of which may have been unhelpful, and to take the first steps towards healing by understanding God's grace. Grace can be approached in different ways. The leader can inquire whether anyone in the group has experienced God's grace in the midst of pain,

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16. Allender, Dan B. *Healing the Wounded Heart: The Heartache of Sexual Abuse and the Hope of Transformation*. (Grand Rapids, MI: Baker Books, 2016), 143-144.

shame, and brokenness, and ask them to share those experiences. The leader can also ask them to share experiences of grace from another person.

The session should also include reading one of the passages from the Bible, such as John 8:1-11 (the woman caught in adultery). This passage is easiest to work with since it deals with God's grace and the possibility of restoration through God's love. This could be supplemented by 1 Timothy 1:12-16 (The Apostle Paul chosen by Jesus even though he was the chief of sinners). Allow members to discuss, comment, or share similar biblical passages on grace. The activities above should last the entire session. For homework, the group leader can ask members to think about times in their lives when they have felt grace, whether from God or from someone else, and be ready to share in the next session.

Safety

Safety is the next step in the healing cycle, which is the feeling of security and protection from danger. The aim of this step is to help members manage self-care, maintain a safe space, and to create personal boundaries. Moreover, as Hook, Hook and Davis describe, feeling safe will lead to feelings of openness and a freedom to explore new things (2017, 55). To transition smoothly from step two to step three, the group leader will begin by asking members to share times when they have felt grace, either from God or others (based on the homework). The discussion should center on how they felt and how that may have helped change their character. The group leader should help members practice grace in the group, enabling each other to tell their stories without fear

of laughter or rejection. The leader needs to be aware of any comments or facial expressions that could be interpreted as either implicit or explicit criticism and to gently deal with them. While members at this point may not always display graceful or accepting behavior, they should at least understand and try to put into practiced the principle to "treat others as you would have them treat you."

Once the group leader senses that people are understanding God's unconditional acceptance and becoming comfortable sharing aspects of their brokenness with each other, the group is ready to move on to Safety.[17] The transition will be initiated when the group leader reads the story of Jesus and the sinful woman found in Luke 7:38-50. The group can discuss why the woman felt safe going to Jesus and none of the other religious leaders, and how the woman felt after Jesus forgave her sin and affirmed her as a human worthy of dignity. Once this text has been thoroughly discussed, the leader can underscore the importance of not criticizing or judging others by reading James 4:11-12. This lays the groundwork for establishing a group where members feel safe by experiencing grace from one another without fear of criticism. Members should discuss and agree to put this into practice with the explanation that sometimes people make mistakes and say things which are hurtful. The group leader will explain that one of the purposes of the group is to learn how to give and receive helpful correction from others,

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17. How will the group leader know when the aim of *Grace* has been accomplished? While it may be unlikely that group members will put into practice graceful behavior and positive regard in every session, the aim will be accomplished when group members understand what is expected of them and are willing to put it into practice and accept correction from either the group leader or other group members. The aim will not be accomplished if members refuse to accept correction for perceived rude behavior and/or approach the group in a detached or passive manner (see Allender p. 143-144 above). If this is the case, the group leader can either continue to proceed in the sessions in hopes that the individual will change as the course progresses, or, if this does not happen, the group leader can add an extra session when the course runs again, or the group leader can choose to individually counsel any member who resists this aim.

and that members will be given more practice in subsequent sections. Session one will end when the group leader explains the homework from *Griefwork* page 65.

Session two of the Safety Step will begin by going over the homework from *Griefwork* page 65, which lists the five domains of self-care: physical, intellectual, emotional, social, and spiritual. The instructions on page 66 of that book provide helpful advice for engaging the group in conversation: "Explain that most people tend to do a reasonable job of taking care of themselves in a few areas while neglecting others. Ask group members to share one or two self-care activities they currently engage in and discuss in which domains they fall." Discerning the extent of self-care needed by the group members is vital, since how we care for ourselves reflects how we view ourselves, God and others. The importance of self-care should then be reinforced by reading Matthew 22:39 and discussing what it means to love one's neighbor as oneself. Asking the group, "Do you love your neighbor?" and "Do you love yourself?" should help them think about the connection between the two. This discussion should highlight the need to practice these commandments in concrete ways. As a way of wrapping up, the group leader will discuss ways in which members can take care of themselves and practice self-care. Although pages 67 and 71 from *Griefwork* do not need to be completed by the group, the group leader can use ideas expressed on those pages and make notes of members' responses. The session will conclude when the group leader assigns and explains the worksheets from *Griefwork* page 83, "A sacred space," for homework.

Session three will begin by reviewing the need for self-care and asking members whether they have put any of the suggestions into practice. This will transition to the need for sacred spaces and creating boundaries as an aspect of self-care. The idea of a sacred

space will become clearer as the group leader goes over the homework from page 83. Something that is "sacred" should be treated with care and reverence. As group members come to understand and appreciate sacred space and why it is important, the group leader can easily transition to the need for creating boundaries as outlined in the book *Helping Groups Heal*. As Hook et al discuss, "Boundary skills are necessary in order to create a safe group context or group container" (2017, 64). While the authors advocate making these explicit at the beginning, this project advocates that these skills can be taught implicitly after exploring the passages above, with the group leader helping members formulate their own principles. Hook et. Al. introduces boundary skills like blocking, interrupting, and redirecting, which the leader can explain to members of the group, and then help them put into practice (2017, 80-87). If, for example, the leader finds that a member it being taken advantage of by another person and doesn't know how to deal with it, the group leader can work with that individual to maintain personal boundaries without unnecessarily destroying relationships. The aim of session three, then, is to help members set and maintain boundaries, which can be reviewed in subsequent steps. For homework, the group leader will have each member write down one goal for maintaining a sacred space or boundary to practice during the week.

Exploration

This session will begin by reviewing boundaries and sacred spaces and asking members to share what their goal was and whether it was maintained. For larger groups, the group leader may have members share their homework with one another. Review

should last no more than 15 minutes. Once self-care and boundary work has been completed, the next step is to begin to explore connections and relationships. The aim of this next section, exploration, will help members gain the necessary relational skills to respond to the testing of personal boundaries and sacred spaces.

As an example of testing, the group leader will read Psalm 55 regarding the betrayal of a friend. Verses 6-8 may be read as an example of a sacred space, but, despite the friend's betrayal (verses 12-14), David's advice in verse 22 is to call upon the Lord, who will protect and keep us safe. This section could cause a reaction from some of the members, particularly if there are unresolved wounds from betrayals. This will be an opportunity for the group leader to give support and counsel, and to encourage any member to follow David's advice in verse 22 and to help lead the person towards forgiveness. This part of the session is an opportunity to address any unresolved anger or lack of forgiveness members might have. When these issues come up, the group leader can read biblical passages on forgiveness, such as Matthew 6:14-15 and Colossians 3:13, and underscore the importance of forgiving, suggesting that healing won't take place until the person resolves past hurts and forgives others. The rest of the session will be flexible depending on how many people need to find healing in forgiveness. The session will end when the group leader distributes the homework from *Griefwork*, "My support network" and "Support System" (2008, 95-98).

Session two of the Exploration Step will begin by reviewing any issues regarding boundary work or forgiveness. The rest of the session will be spent sharing the worksheets and discussing what is shared, which will help the group leader understand the relational networks of group members as well as discern how to help them build

trusting relationships. The discussion from "Support system" will lead to recognizing the need for relationships and a conversation about the qualities that one would find in a friend. For homework, the worksheet "supportive friends" (pages 101-102) will be given as an extension of the discussion on the qualities of a friend.

Listening

The next group of skills to be developed is Listening. This step corresponds with the chapter on "Vulnerability" in Hook, et. Al. (2017). The aim of this step is to acquire and foster skills broadly defined as "listening skills," which help facilitate understanding one another more accurately and sympathetically. "When group members share, they need to be listened to and heard" (Hook, 102). They also need accurate feedback.

Hook, Hook, and Davis advocate using several different techniques to help group members demonstrate active listening skills, which are necessary for members to become vulnerable and go deeper. First, the acronym SOLER, which stands for *Squarely, Open, Lean forward, Eye contact*, and *Relaxed*, is a tool that encourages group members to remember to listen well (2017, 104).[18] Following the group leader's modeling, group members will practice SOLER themselves. The next two skills to be learned are *paraphrasing* and *summarizing*. Paraphrasing involves "reflecting back in your own words what the group members are sharing," while summarizing involves "putting together several ideas or transactions that have happened in the group."[19]

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18 .Much of this information, which is condensed in the book *Helping Groups Heal* by Hook, Hook, and Davis, is found in Chen, M.-whei, & Giblin, N. J. (2017). Individual counseling and therapy: skills and techniques (Third). Routledge. SOLER is found on pages 44-46.

19 .Hook, et al (2017), 104-107. The authors utilize their materials from G Egan (1986) *The Skilled Helper*. While there is a distinction between paraphrasing and summarizing, which

The next group of skills are facilitating skills, which encourage group members to continue sharing and going deeper into their stories. *Validation* is a skill that helps the listener not only know that they are being listened to, but it is also a way of accepting and affirming the speaker's feelings and experiences. *Empathy* involves reflecting back the feelings that were shared and understanding at a deeper level, which requires listening with a heart of compassion. *Clarification* is needed if, for some reason, the speaker is sharing something in the group, and there may be confusion or lack of understanding. It is acceptable then to ask questions that bring clarity to the story being told.

The session itself will begin with the group leader asking members to read a dialogue, where one person needs to open themselves and become vulnerable. These dialogues can be found in Appendix B. Then, members will be paired up and role play the scenario depicted in the dialogue, practicing the listening technique *SOLER*. When the group leader thinks members understand the techniques explained above, he/she will transition the conversation by asking the group to reflect on the scenario and express how they feel personally. The group leader may ask if anyone wants to share a personal struggle or disappointment that perhaps, has not been expressed before. This would be the time for the group leader to actively focus on group members' listening techniques. Members may need some instruction about listening, sharing, and using wisdom about issues of trust. The group leader can ask how they felt when sharing something personal.

Here, the group leader needs to discern again if a member has some deeper issues that require more group work or if the individual needs to meet alone for further

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will be pointed out in this group session, it is not necessary for the group to make a distinction between the two.

counseling. A person with unresolved issues may come across as either flippant or unusually reserved at this point. As Allender points out (2016, 174):

> A healing community desperately needs to be courageous enough to enter the realm of shame and arousal without spiritualizing or cutting off the engagement through a cheap trick of quick healing. This process is not going to be finished by one prayer, confession, or renewal of the Spirit. It comes when the war is truly faced and fought.

Hence, the group needs to experience some vulnerability when sharing so that an accurate response of listening can take place. When group members do open up and share their stories, the group leader can ask how it feels to be heard and taken seriously.[20] Explanations can be given for the reason that healing takes place when members share their lives in an empathetic and caring community. The group leader can then turn to James 5:16 and explain how this scripture verse applies to the confession happening in the group. The point is to help members understand and make the connection between confession and healing with a trusted person rather than understanding that verse in a particular religious sense. The session concludes when the group leader helps members make the connection between the need to maintain boundaries, but also to learn how to trust God by providing wisdom in knowing when it is acceptable to be vulnerable.

Truth

The next skill to be developed is Truth. According to Hook et. Al., for group members to heal and grow, they must face their struggles and growth edges by being confronted with the truth of their situation (2017, 127). When members are actively

20. See for example Bishop's article (1985, 13) in her discussion on *communitas* and *healing community*, which are essential in providing social and moral support.

engaged in empathetic listening with one another, giving accurate feedback is challenging, but also valuable and helpful. However, this can only be done in a context of grace and love. As mentioned in reference to James 5:16, members are beginning the process of learning the skill of being vulnerable to certain trusted and caring individuals which leads to healing. Hence, the aim of this step is to help members receive accurate feedback from trusted others rather than reject advice and continue to engage in behaviors and attitudes detrimental to spiritual as well as physical health. This is a necessary step before one can take ownership of it.

This skill of truth telling and receiving truth will be approached through reading the story of the Samaritan woman found in John 4:1-30. The group leader will ask about the unpleasant truth that the woman was hiding, and the way Jesus approached her (whether in grace and understanding, or in judgment and condemnation). After the group discusses the importance of the story of the Samaritan woman, the group leader will then read John 8:32: "You shall know the truth, and the truth will set you free." Members will be asked to make connections between this promise and the Samaritan woman. The point to be noticed is that Jesus set her free by confronting the hard truth in her life, but in a way that was not condemning.

In preparation for the homework assignment, the group leader will explain that everyone makes mistakes in relationships and that feelings sometimes get hurt, even when it is done with the best intentions. The group leader will state, "either we said/did something that hurt another person, or another person said/did something to us." The group leader will give one or two personal examples and may allow members to give their own examples if they are willing to share. The group leader will then distribute the

“Step 7 Worksheet” which has two sections: “What I did/said to someone else” and “What someone else said/did to me.” Each section should have at least two examples. The group leader will stress that what was said was meant to be true or helpful (not meant to be an insult). Worksheet can be found in Appendix D.

Ownership/Repentance

The seventh skill to be learned is ownership/repentance. Whereas Hook, et al. define ownership as taking responsibility for one’s part in the problem or conflict, repentance is defined as putting the truth of ownership into action (2017, 161, 199). However, according to this project, the idea of taking ownership of one’s actions is not merely to acknowledge it, but to act upon this truth. Therefore, it is unnecessary to separate the ownership and repentance into two separate skills. The aim of this step is to help members to take ownership of the truth they have received and translate that into action.

Session one will start with reviewing the homework “Step 7 Worksheet” and asking each person to give one example from each section. The group leader will give any necessary feedback, which will include advice on the relationship involved and whether the offending action was inappropriate or spoken without tact. If time permits, the group leader may use examples from the homework to do some quick role plays about how the situation could have been handled with more wisdom, tact, and sensitivity. This is an important step since feedback and support from group members will help individuals learn how to make better judgments in social situations. Before the session ends, the group leader will explain what it means to repent or to take ownership of one’s

faults or mistakes. It is hoped that with the knowledge gained and each other's support, members will find it easier to be able to put repentance into practice. The homework for the next session is for group members to read the story of David which will be given out.

Session two will begin with the group leader asking group members to comment briefly on the story of David and Bathsheba in terms of the step "Taking Ownership/Repentance." Members will then read Psalm 32:4-5 and contrast the two verses, commenting on the consequences which follow confessed and unconfessed sin. Matthew 5:24-25 can also be read, to discuss taking responsibility for harm done to another person. This will underscore the idea that God holds us accountable for sin done to others, and there are ways to make things right again. This is accomplished by repentance, which is more than confession. True repentance requires a decision to take ownership of one's problem and to make things right again. At this point, the group leader will review what was learned from session one and tie it all together with the story of David's sin, repentance and taking ownership. If anyone in the group has recently taken responsibility and repented for an action, the group leader may ask how things were resolved, and how the member felt after taking responsibility.

After this, the group leader will prepare the group for the homework assignment and the final session. The homework is a reading of the story of Simba in the Lion King found in *Healing the hurts of your past* (2015). The group leader will give a brief synopsis of the story: Simba had to rediscover identity to save Prideland. The philosophy of "acuna ma tata" is defined in this book as taking a passive approach to life and avoiding the difficult responsibilities. Group members will read the story and reflect on

how it may apply to their lives. But to heal the hurts of the past, one must reject this lie from the enemy and embrace one's true identity (2015, 126).

Conclusion

The Healing Cycle of this curriculum is completed in 14 sessions. This final session will begin by asking group members if they have had any insights from reflecting on the story. Here, the group leader can help group members identify who the liar is (Satan) and how one's life is ruined by believing his lies. This is to help members identify lies that they have embraced and to embrace a new identity, found in Christ. At this point, the group leader can share some passages from the Bible which help members understand their new identity in Christ. This new identity is needed before a change of behavior can occur.[21] It would be helpful to have a handout prepared of these scriptural verses. Then, the group leader can ask members what changes they would like to see happen as they repent and take ownership of any past behaviors or attitudes.

The fourteenth session concludes by wrapping everything up, summarizing, and helping members see how far they have come. Hook et. Al. end the Healing Cycle in the chapter "Back to Grace" (2017, 135). In agreement with the authors, this researcher would affirm that the work of healing and personal growth never ends. If everyone in the group participated and followed through with the steps to the end, they will have made

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21. A good resource that the group leader can use is Neil Anderson's *Discipleship Counseling* (2013) to explain more fully the reality of a new identity in Christ. From experience, Anderson explains that "Every defeated Christian has one thing in common: none of them know who they are in Christ, no one understands what it means to be a child of God (2013, 69). He notes that they experienced the presence of God and overcame spiritual conflicts through genuine repentance. Basically, pages 69-84 provide adequate scriptural references and explanations for the group leader as a reference.

significant progress, in spiritual as well as mental and social growth. They would be better able to function in a community and to monitor their own behavior and attitudes to reflect God's love and grace.

It is important for the group leader in the last session to review each of the steps that the group went through and to discuss how it has helped members grow in God's grace and love. This will be important not only to help them remember where they have come from, but to reinforce the bonds of friendship that have occurred among the members. Group members also need time to share experiences, insights, or even difficulties they may have experienced in the group.

The last task to be completed is to have each group member fill out the modified questionnaire about how they feel having gone through the course. The only difference is the additional question at the end, which asks members to write down any comments regarding the course itself, and whether they feel that any improvements have been made in their lives since taking the course and getting to know other group members. Once they are done filling these out, the group leader will collect them, end in prayer, and thank everyone for their participation in the course. As a token for their completion of the course, members will receive a laminated handout with the seven steps, which can be posted and a coffee mug with the course name and the seven steps as a reminder of what they have accomplished.

CHAPTER 5

EVALUATION

As stated in chapter 1, the purpose of this thesis-project is to develop a church-based healing community for people in New Britain who are currently experiencing mental health issues, or who have suffered from abuse, trauma, or loss. The vision of the group was to include, not just church members, but others from the city, whether currently attending church or not. The advertisement of the group would have proceeded from members of the church itself to the community by word of mouth or by establishing relationships with ministers from other churches or leaders from local non-profits, such as the Center for Mental Health Association (CMHA), a building next to the church which attracts many clients seeking their services. The group would then have launched when there was enough people and interest.

In 2019, the researcher started a preliminary small group study based on the Healing Cycle called "Heart 2 Heart." It was advertised as a group that studied the Bible from a relational and practical perspective. The goal was to test some of the ideas being developed for the thesis project, and perhaps form a core group for launching a healing community for those suffering from trauma, abuse or severe loss. In other words, the thesis-project.

However, the pandemic which started in March 2020 effectively shut down the church for a season, and the continuing COVID-19 infections have caused some people to fear returning to church, in spite of COVID-19 precautions practiced after reopening. Some agencies, such as the CMHA building next door, remain closed, and meetings with

other clergy have become infrequent. As a result, it has been extremely difficult to get people interested in the formation of a new healing community.

Under these circumstances, the thesis-project has been refocused exclusively on developing curriculum for a healing community to be launched in the future. As a result, the present purpose of chapter 5 is to outline at evaluation process for the curriculum which could be used when the Healing Community is finally launched. The current plan is to begin a healing small group in September 2022.

Methods of Evaluation

The method for evaluating the effectiveness of the curriculum includes three components: The pre-course and post-course evaluation, the participant's evaluation of the course/small group, and the group leader evaluation form. These are explained in detail below.

Pre-course and Post-course questionnaires

Once the course is completed, the group leader will need to assess whether the course met its intended goal of helping group members find some measure of emotional healing. Achievement of this goal will be assessed from the group leader's observations, group members comments about themselves and the group, and a pre- and post-course questionnaire. This information will be added to the course evaluation for a final assessment.

The pre- and post-course questionnaire in Appendix B is one of the assessment tools used by the group leader to help identify the subjective psychological/spiritual

condition of each group member. A comparison should be made between the responses of the pre- and post-course questionnaires for each person to determine whether they have experienced an increase in perceived well-being. Scoring is based on a 7-point scale. In question 1, for example, “strongly agree” is worth 7 points and “strongly disagree” is worth 1 point, while in question 4, “strongly agree” is worth 1 point and “strongly disagree” is worth 7 points. The higher the score, the more positive is the person’s well-being. Ideally, it is expected that responses in the post questionnaire will be more positive than the pre-test responses, particularly if the group members bonded by the end of the course and ended the session positively.

The test questionnaires are used mainly as a learning tool to help the group leader make improvements on the curriculum or in his/her skill as a group facilitator. A secondary purpose is to help individuals who have shown no improvement and may even exhibit behavior of spiritual concern. If the post-test questionnaire yields negative responses compared to the pre-test, then the group leader may be able to discern the reasons based on other considerations. This may include observations about the individual’s disposition, changing life circumstances, aspects of the curriculum, possible personality conflicts with certain group members, even scoring that represents an anomaly. While it is hoped that such individuals would have caught the attention of the leader early on, it is possible for people to follow the course adequately and yet show signs of discouragement at the end. For individuals with lower post-course scores, the group leader should meet with them privately to discuss the results, seeking to understand the members experience and help them takes the next steps toward healing, possibly even suggesting further counseling.

It is also possible that a person who has shown positive signs in the group, making friends, and demonstrating spiritual growth, scores lower in the post-course questionnaire. The reason could be that the person is now scoring more honestly or has learned the necessary concepts and skills to make a better assessment of themselves. Either way, it is best for the group leader to follow up with the individual privately to discuss these matters.

Participant's evaluation of course/small group

A post-course survey for each participant, to be filled out in the last session, is found in Appendix E. It differs from the post-course evaluation in that it asks members specific questions about the course itself and allows them to write in responses about which activities they found useful or beneficial, and what aspects of the course they would suggest can be improved.

Group Leader Evaluation Form

The Group Leader Evaluation Form, found in Appendix F, is a standard session evaluation form which the leader can fill out for each small group meeting, including homework assignments and class activities. The form offers five criteria of evaluation: 1) Participation; 2) Concepts; 3) Homework; 4) Scripture; and 5) Activities.

For 1) Participation, the main point is to determine whether the homework or activity encouraged members to engage with the material and with each other. The aim is openness and vulnerability. In the space provided, the leader can document the extent of participation. For 2) Concepts, the major ideas in each lesson should be written down

with comments about whether the group adequately grasped key concepts to be learned. For 3) Homework, it can be noted if the homework was not only adequate but also helpful or relevant. Otherwise, the leader can document if members either didn't do it or found it too time consuming, so adjustments can be made for future assignments. For 4) Scripture, the main point is to identify whether the scripture used in the group was sufficient and elicited conversation, or if other passages might be more useful in capturing key concepts. For 5) Activities, the leader will judge the overall effectiveness of each of the learning activities for that session.

Each session to be evaluated has certain aims, specified in the curriculum, which the leader needs to take into consideration. For the Introductory Session and Step 1, "Brokenness", the group leader needs to learn the potential difficulties that group members bring to the group. It is a good idea to make a short profile for each group member and make notes of possible problems, dispositions, weaknesses, and strategies for dealing with issues. For example, some group members may try to dominate the conversation and prevent others from sharing. The group leader may want to tell group members not to speak until they raise their hand. Another option is to redirect by asking another person to comment on what the first person just said. On the other hand, some group members may be reluctant to speak or share their thoughts. The group leader will need to discern whether this is the result of shyness or of a lack of trust. Many of the communication skills listed in chapter five, "Truth," from Hook et al (2017) will be put into practice from the first session. Doing this intentionally from the beginning will make it easier to model for step five.

The curriculum calls for an ice-breaker activity in the first session, which will need to be evaluated for helping the group get started on that day. When the second session begins with “brokenness”, Psalms 44 and/or 88 will need to be evaluated for their effectiveness in helping group members talk about their own experiences. Also, if group members quote other passages of scripture that relate to the topic, those will be noted for possible use in future sessions. The effectiveness of activities from *Griefwork* needs to be noted, as well as the need to continue step one by reading a shortened story from the book *Facing Messy Stuff in the Church.*

Regarding step two, “Grace”, the group leader will need to evaluate how well members recognize grace in their lives, understand that grace comes from God, and make connections between the two. The group leader will note if members understand that grace needs to not only be received, but also given to others. The session becomes an ideal opportunity for the group leader to point out where grace was not extended to other group members, and to suggest means for doing so gently and gracefully.

For step three, “Safety”, it is necessary for the group leader to discern whether all group members understand self-care, creating boundaries and maintaining a safe space. The group leader also needs to be aware of how many of the different activities from the *Griefwork* workbook are necessary to achieve the aim of this particular step.

The other steps follow a similar pattern of determining if the activities of the curriculum are sufficient to fulfill the aim for each step, and whether the group leader’s counseling skills facilitate greater discussion, cooperation, and shared group feelings. The lessons in six and seven become particularly important since members should be openly applying the concepts of truth (receiving accurate feedback) and then taking ownership of

that truth. Hence, these two steps will determine whether members put into practice what was learned, or if they were merely passive attendees. Last, the conclusion includes the final evaluation and an overview to determine if the seven steps are necessary and sufficient to help fulfill the objectives of the course.

Comprehensive Evaluation

The comprehensive evaluation brings the evaluation process to a conclusion by helping the group leader to summarize in two tables (Table 2 and Table 3, see appendices G and H) what has been learned through the evaluation process. The purpose of Table 2 is to summarize relevant information from the group leader evaluation forms so that the leader can quickly glance over the entire course. Table three summarizes the group member's scores from the pre- and post-course questionnaires, as well as providing space for individual comments about background, expectations, and group work. After both tables have been completed, as well as the member questionnaires and surveys, the group leader should be able to make a very accurate assessment of the effectiveness of the curriculum, its sessions and assignments, and the facilitation process, including leadership skills and group dynamics. If certain aspects of the curriculum or course need to be modified, and if the leader is able to diagnose which activities or assignments need to be changed, then this indicates that the evaluation tools are effective.

Conclusion

This project provides the rationale for the formation of a church-based healing community, grounded in the appropriate theology and counseling practices. It has

highlighted a gap that needs to be bridged between the church community and formal counseling and therapeutic services. Unless people are involved in a small group, the Sunday morning church experience encourages listening to sermons or enjoying worshipful music, but it does not provide opportunities to practice relational skills in real time. This project is an effort to help bridge that gap. It is my desire to see this project started with the result that other churches could follow with this curriculum. This is particularly true in larger cities like New Britain, which is home to people of different backgrounds living disconnected lives. There are many people I have met and counseled in church who could benefit from such groups, which emphasize the practice of relational skills.

One of the main frustrations, however, is that the pandemic has hindered me from gathering people together to put the course put into practice. Moreover, the pandemic has made worse the general decline in overall church attendance in this country so that fewer people are making a commitment in attending church. However, I feel that there are many people who do sense the need to develop better relational skills and to put into practice some of these skills while developing relationships. Potentially, such a group could be formed in a home or other places and doesn't have to be in a church building. It is my hope that as I meet more people and talk about this project, people would be interested in this course and see the practical value in taking the course. I hope and pray that by September of 2022, I would be able to launch this course.

APPENDIX A

ICEBREAKER ACTIVITIES

A list of some icebreaker activities from the book *303 Icebreakers*, edited by Randall G. Neighbour (Houston: Touch Publications).

Complete the following: “People might be surprised to find out that I “_____”

Who was your hero when you were growing up? How did you try to imitate him or her?

What was the first trip you remember taking with your family and what do you most remember about it?

What’s your favorite store? Which is your favorite aisle?

What is the most adventurous thing you ever did?

Where do you feel most trapped?

If you could change anything from your past, what would it be?

Did you like high school? Why or why not? What would you do differently?

How do you think people describe you?

When you disagree with somebody, do you isolate or fight it out?

What is the most fulfilling work you have ever done?

What is one thing you want to accomplish in the next five years?

What are some of the accomplishments in your life?

If you were given a large amount of money, what would you do first?

APPENDIX B

PRE AND POST COURSE QUESTIONNAIRE

Name: _____

Instructions: Circle one response below each statement to indicate how much you agree or disagree. Only your group leader will see the results.

1. "I like most parts of my personality."

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

2. "When I look at the story of my life, I am pleased with the way things have turned out so far."

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

3. "Some people wander aimlessly throughout their life. I am not one of them."

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

4. "The demands of everyday life often get me down."

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

5. In many ways I feel disappointed about my achievements in life.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

6. "Maintaining close relationships has been difficult and frustrating for me."

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

7. “In general, I feel in charge of the situation in which I live.”

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

8. “I am good at managing the responsibilities of daily life.”

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

9. “People would describe me as a giving person, willing to share time with others.”

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

10. “I gave up trying to make big improvements or changes in my life.”

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

11. “I have not experienced many warm and trusting relationships others.”

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

12. “I have confidence in my own opinions, even if they are different from the way most people think.”

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

APPENDIX C

DIALOGUES FOR THE LISTENING SKILLS

Dialogues from Chen, M.-Whei, & Giblin *Individual counseling and therapy: skills and techniques* (NJ: Routledge, 2017).

To practice SOLER: (from page 89)

Counselor : "Okay, Ann…we can now move on to taking a look at your needs. *Perhaps we can start by going over the concerns that bring you here*."
Client: "Well, I recently quit my job because work was causing me too much stress after 11 years. I had to move back in with my parents because I'm not receiving unemployment checks and only a small amount of child support from my ex. For the rest, I'm financially dependent on my boyfriend, and this doesn't make me feel good."
Counselor : "It sounds like you have a lot on your plate right now. *How do all these stresses affect you personally*?"
Client: "They're making me very nervous. If I was by myself, it wouldn't be as nervewracking,
but with two kids, it's hard."

To practice Summarizing or Paraphrasing: (from page 90)

Dialogue 1: (for the role play)
Counselor : "How did all of these stressful events start?"
Client: "It all started with the divorce. My ex gives me only 300 dollars a month, but I don't always get it, so I can't always count on it. He knows I'm not working, and he doesn't offer to help with the kids in any other way at all. I feel bad for my kids, but my daughter defends him and doesn't really see things for what they are. I think she deserves to know the truth. I mean it might be hurtful, but it's kind of necessary to explain things to her." (hands and feet fidgeting)
Counselor: "I can sense that you're hurt, Ann…. (continue by summarizing what Ann said).

Dialogue 1: (for the group leader)

Counselor : "How did all of these stressful events start?"
Client: "It all started with the divorce. My ex gives me only 300 dollars a month, but

I don't always get it, so I can't always count on it. He knows I'm not working, and he doesn't offer to help with the kids in any other way at all. I feel bad for my kids, but my daughter defends him and doesn't really see things for what they are. I think she deserves to know the truth. I mean it might be hurtful, but it's kind of necessary to explain things to her." (hands and feet fidgeting)
Counselor : "I can sense that you're hurt, Ann. You feel unsupported by your 83x-husband.
The anxiety of not having steady child support when you need it the most is eating at you. On top of that, you worry that your daughter isn't aware of what's actually going on with her father." [Reflection of feelings + summarization
Client: "It makes me really angry because he's very quick to point out things that he thinks I should be doing on a daily basis, but he's not around the kids every day. And he's not doing things that he's supposed to be doing that are his responsibility. And he likes to tell me what I should be doing."

Dialogue 2: (for the role play)
Client: "It makes me really angry because he's very quick to point out things that he thinks I should be doing on a daily basis, but he's not around the kids every day. And he's not doing things that he's supposed to be doing that are his responsibility. And he likes to tell me what I should be doing."

Counselor : "Ann, I can see that you're angry. …
Client: [seeming to slow down and appears more relaxed] "Absolutely."

Dialogue 2: (for the group leader)
Client: "It makes me really angry because he's very quick to point out things that he thinks I should be doing on a daily basis, but he's not around the kids every day. And he's not doing things that he's supposed to be doing that are his responsibility. And he likes to tell me what I should be doing."

Counselor : "Ann, I can see that you're angry. The snowballing effect of not receiving payments on time, not having a job, and having to take on pretty much the full parental responsibilities, have compiled themselves into stresses that really hurt." [Reflection of feelings + summarization]
Client: [seeming to slow down and appears more relaxed] "Absolutely."

Dialogue 3: (for the role play)
Counselor : "So one of the main issues you're facing right now, Ann, is being extremely angry at him and at the situation. *How does this affect your kids*?" [Assessment extending
to the kids though they are not present]
Client: "Well, ever since the divorce three years ago, the situation worsened. We couldn't get along at all, to begin with, and it's actually a relief to finally break it off. But it's still difficult. I've tried to distance myself from him as much as I can so it doesn't affect the kids. I really don't speak to him unless I have to because usually when I do, it just makes me angry. So the kids talk to him and are free

to talk to him, but I try not to unless I absolutely have to, because usually, he'd say something to aggravate me. This is hard because I want the kids to have a nice relationship with him and I've tried to get him more involved with the kids, to be more supportive of them. But it's gotten to a point where I can't control every situation, so I just try to step away from it."
Counselor : "You seem to have a good awareness that you can't fix everything…

Dialogue 3: (for the group leader)

Counselor : "So one of the main issues you're facing right now, Ann, is being extremely angry at him and at the situation. *How does this affect your kids*?" [Assessment extending
to the kids though they are not present]
Client: "Well, ever since the divorce three years ago, the situation worsened. We couldn't get along at all, to begin with, and it's actually a relief to finally break it off. But it's still difficult. I've tried to distance myself from him as much as I can so it doesn't affect the kids. I really don't speak to him unless I have to because usually when I do, it just makes me angry. So the kids talk to him and are free to talk to him, but I try not to unless I absolutely have to, because usually, he'd say something to aggravate me. This is hard because I want the kids to have a nice relationship with him and I've tried to get him more involved with the kids, to be more supportive of them. But it's gotten to a point where I can't control every situation, so I just try to step away from it."
Counselor : "You seem to have a good awareness that you can't fix everything. You've learned to give up control and allow the relationship between your kids and your ex to grow at its own pace so you don't stress yourself out." [Summing up the client's strengths]

APPENDIX D

STEP 7 WORKSHEET

Section 1: What I did/said to another person which caused pain, anger, or confusion.

What I said/did…	**Who did I say it to?**	**What was their reaction?**	**What did I do as a result?**
1.			
2.			
3.			

Section 2: What another person did/said to me which caused pain, anger, or confusion.

What was said/did to me	**Who said it?**	**What was my reaction?**	**What did he/she do as a result?**
1.			
2.			
3.			

APPENDIX E

PARTICIPANT'S EVALUATION OF SMALL GROUP

In the following questions, state whether you agree with the following statements:

1. This course has helped me feel more confident about making friends:

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

2. I feel better about myself as a result of taking this course:

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

3. This course has helped me learn things about myself so that I can be a better person.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

4. I will recommend this group to my friends or family.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

5. Overall, I feel that this course was spiritually and socially beneficial to me.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree

6. What were some lessons or activities that you enjoyed in this course?

7. What suggestions, if any, would you give to improve upon this course?

APPENDIX F

GROUP LEADER EVALUATION FORM

Step #	**Session #**	**Aim:**		
Assignments/Activities				
	Homework	Group work/activity/discussions		
Criteria				
1. Class participation and vulnerability				
2. Understanding key concepts				
3. Homework completion and helpfulness				
4. Scriptural discussion and understanding				
5. Effectiveness of learning activities				
Homework for next session:			Time duration: (How long to complete session?)	

APPENDIX G

COMPREHENSIVE EVALUATION

The Steps	Aim	Resources	# of sessions	Resource Effectiveness	Conclusions
1. Introduction	Introduce the course. Get to know one another.	Icebreaker. Pre-test questionnaire Homework: *Griefwork* p. 39.			
2. Brokenness	Acknowledgement of one's state of brokenness and for group members to begin talking about their own experiences of pain and brokenness.	*Session 1:* Psalm 44 or 88. Review *Griefwork*, p. 39, Homework: *Griefwork*, p. 41-44. *Session 2:* Review homework. *Griefwork* p. 49			
3. Grace	Understand and experience unconditional acceptance/positive regard.	*Helping groups heal* p. 39 John 8:1-11 1 Timothy 1:12-16 Homework: Grace from others.			
4. Safety	Maintain a safe space and to create boundaries.	*Session 1:* Luke 7:38-50 James 4:11-12 Homework *Griefwork* p. 65			

		Session 2: *Griefwork* 65 (and 66). Matthew 22:39 *Griefwork* p. 67 Homework: *Griefwork:* 79, 83. Session 3: Review homework. *Helping groups heal* .80-87.			
5. Exploration	Gain the necessary relational skills to maintain personal boundaries and sacred spaces.	Psalm 55: 6-8, 22. Matthew 6:14-15, Colossians 3:13. *Homework:* *Griefwork* p. 95-98. Session 2: Review *Griefwork* 95-98. Homework: *Griefwork:* 101-102,			
6. Listening	Acquire and foster a number of skills broadly defined as “listening skills”, which will help facilitate understanding one another more accurately and sympathetically.	*Helping Groups Heal* p. 102-122. Role play exercises: *Individual counseling and therapy: skills and techniques*. (See appendix C). James 5:16			
7. Truth	Receive accurate feedback from others and to assess that feedback without becoming defensive.	John 4:1-30 John 8:32			

8. Ownership/ Repentance	To take ownership of the truth they have received and translate that into action.	2 Samuel 11 Psalm 32 Matthew 5:24-25 *Healing the hurts of your past*. Pg. 126 Anderson: Scripture passages relating to our identity in Christ.			
9. Conclusion	Summarize and conclude the course. Discussion of the course.	Post-test questionnaire			
Pre- and Post-test questionnaire	Pre-test average score		Post-test average score		

APPENDIX H

PROFILES OF GROUP MEMBERS

Group members	Background	Expectations and group work	Pre-test	Post-test	Conclusions
1.					
2.					
3.					
4.					
5.					
6.					
7.					

APPENDIX I

HANDOUTS FROM THE WORKBOOK *GRIEFWORK: HEALING FROM LOSS*

GRIEFWORK EMOTIONS

PURPOSE

People are capable of experiencing a wide variety of emotions at any given time. Recognizing this can be empowering. People can begin to appreciate just how difficult the grieving process can be when they take the time to notice the different emotions they feel and the fact that they can experience any number of them at the same time. Grief will subside over time; however, the grieving process does not happen in a step-by-step or orderly fashion.

ACTIVITY

This handout can stimulate participants to identify and name some of their emotions. Encourage the participants to take the handout home, and at various times during the next few days, repeat the exercise, checking it off with an "X", a "√", or different color markers. They might want to track the time of day these feelings emerge. A particular emotion may be of significance to them in their disrupted life routine, or heighten their awareness of specific times of the day that are best for them, or help them notice particularly vulnerable times of the day. This will emphasize the point that people feel different emotions constantly – many at the same time – many in the same day. When they allow themselves to fully experience what they are feeling, the emotions tend to shift, sometimes slightly and sometimes dramatically.

This handout works very well with EMOTIONS SALAD BOWL, page 39, and is an excellent reference sheet for many of the activities in this book. GRIEFWORK EMOTIONS can be enlarged on a photocopy machine and used as a poster.

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The Emotions Salad Bowl

Mourning can be difficult because we feel many emotions at once.

Under some of the salad ingredients write the emotions you are feeling now.

Having many different emotions at the same time adds to the richness of our lives and makes for a much more interesting salad!

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Serenity Prayer

Grant me the serenity to

Accept the things I cannot change . . .

Courage to change the things I can . . .

And the wisdom to know the difference.

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SERENITY PRAYER

PURPOSE

It is important for people to realize just what they have control over and what they cannot change. This activity will facilitate thinking about these differences. It can be used in conjunction with CONTROL, page 43.

ACTIVITY

Acknowledge that the SERENITY PRAYER, popularized by the recovery community, has great validity for all of us. It is a good starting point for discussion. It is important to discuss the differences between the categories – knowing what a person has control over, no control over and what he/she can change.

Allow participants time to complete the handout and invite them to share. Encourage a continuation of the activity with a discussion about action steps needed to make the realistic changes.

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Control

THINGS I CAN CONTROL *example:* my attitude	THINGS I CANNOT CONTROL *example:* the loss

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Control

PURPOSE

It is important for people to realize the limits of what they can control. Remind the group that we only have control over our own responses and reactions.

ACTIVITY

You may use this handout in a group setting to stimulate thinking. Prior to giving each person a copy, have a general discussion about what people can and cannot control. Distribute the handouts and allow two to five minutes for participants to write their thoughts. When they finish, have the group discuss what they wrote. Some people may find that their own thinking is stimulated by what others share.

It is beneficial to use this handout in conjunction with SERENITY PRAYER, page 41.

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You're Not Alone

It is comforting to know that grief symptoms happen to everyone.

Which do you recognize?

- ❑ I am unable to concentrate
- ❑ I don't want to go anywhere
- ❑ I feel angry and/or irritable
- ❑ Nothing interests me
- ❑ I am upset that the world goes on as normal
- ❑ I hear a familiar song and cry
- ❑ I feel like I am losing my mind
- ❑ I do not want to get out of bed in the morning

Additional grief symptoms that happen:

- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Where do you think you are right now on The Healing Pathway?

- ❑ Shock
- ❑ Disorganization
- ❑ Reorganization

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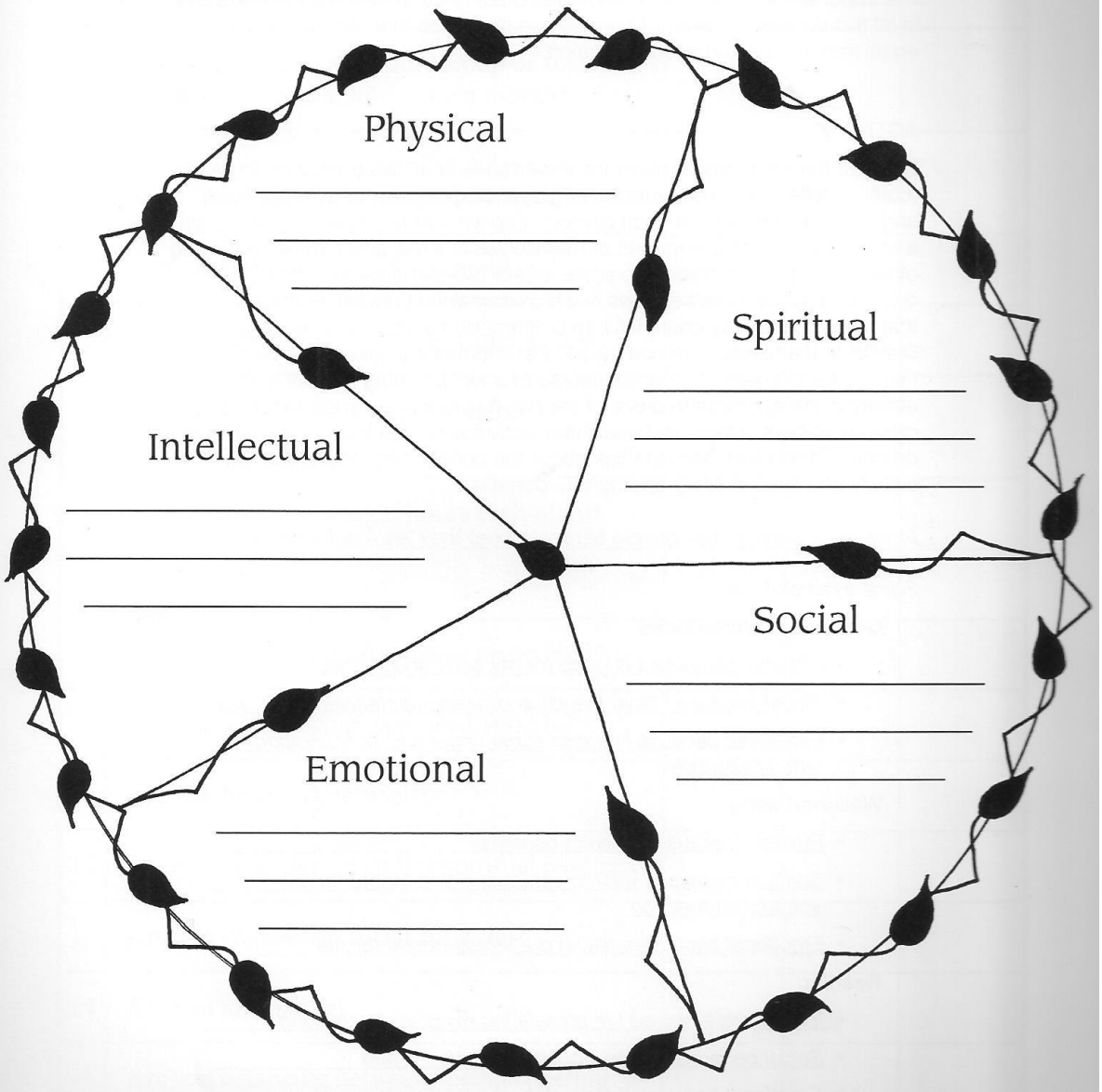
Self-Care Domains

In each domain,
list the activities you are doing to take care of yourself.



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SELF-CARE DOMAINS

PURPOSE

It is important for everyone to understand the need to take care of one's self in all five domains of living. This pie chart illustrates that each domain is of equal importance and needs attention.

ACTIVITY

Educate the participants about the importance of all five domains: physical (body), intellectual (mind), emotional (psychological), social (relationships) and spiritual (different for each person). Explain that most people tend to do a reasonable job of taking care of themselves in a few areas while neglecting others. Ask group members to share one or two self-care activities they currently engage in and discuss in which domain(s) they fall. Point out that the same activity could fall into different domains for different people. Distribute the handout as homework. Participants are asked to record what they do for themselves over the course of a week, noting the self-care activity in the appropriate piece of the pie. It is extremely important to help group members understand that many activities will fall into more than one domain. Encourage them to think about the benefit they derive from the activity and list it in every appropriate domain.

At the next session, ask people to report what they learned from this activity.

Some examples are:

Going to exercise class

- *Physical because it is good for my body and my health*
- *Social because I have friends and/or acquaintances in the class*
- *Emotional because I release some anger and/or frustration when I exercise*

Walking/hiking

- *Physical because of health benefits*
- *Spiritual because I walk in nature and find that to be my spiritual connection*
- *Emotional because walking is a stress-buster for me*

Reading

- *Intellectual because I'm stimulating my brain by thinking*
- *Social because I go to a book discussion group*
- *Emotional because I'm reading escape novels*
- *Spiritual because I'm reading uplifting books*

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Are You Taking Care of Yourself?

		Yes, I'm doing it!	No, not yet	This is not for me!
1	Are you eating three healthy meals a day?			
2	Do you belong to a support group or social group that meets at least once a month?			
3	Do you do something to relax at least three times a day?			
4	Are you keeping your mind stimulated?			
5	Do you exercise at least three times a week?			
6	Are you keeping your appointments and obligations?			
7	Do you sleep six to eight hours each night?			
8	Are you kind to yourself?			
9	Do you take your medicines as prescribed?			
10	Do you say NO when you need/want to?			
11	Are you forgiving yourself?			
12	Do you enjoy poetry and/or spiritual readings?			
13	Are you engaged in social activities?			
14	Are you journaling?			
15	Are you balancing between "being" (feeling your feelings) and "doing" (keeping busy)?			

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Being the Best You Can Be

Are these possibilities for you? Write your thoughts next to them.

Exercise to regain energy. _____

Walk proud with shoulders back and a bounce in your step. _____

_____

Find ways to laugh. _____

Nod and/or smile when passing someone. _____

Find something beautiful about each day and focus on it. _____

_____

Make a list of things to do and cross off each as it is accomplished. _____

_____

Make a list of long-term goals. Share them with loved ones. _____

_____

Eat healthy. _____

Drink plenty of water and limit caffeine. _____

Take time for yourself. _____

_____

_____

_____

_____

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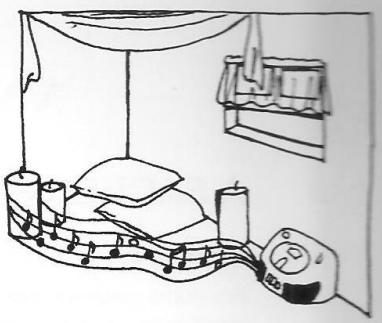
A Sacred Space



A sacred space promotes a sense of healing. It might be helpful to create a sacred place.

Where can you find a safe and sacred place? _____

_____

What color would be most soothing? _____

_____

What objects would you keep in this space? _____

_____

What aroma would be pleasing? _____

_____

What music would be comforting? _____

_____

What mementos would you bring into this space? _____

_____

What else would make this space scared? _____

_____

Whom would you trust to see this space? _____

_____

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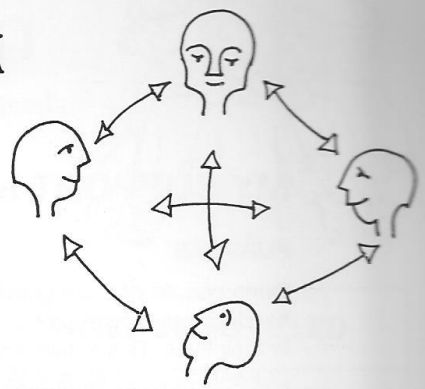
MY SUPPORT NETWORK



One supportive person does not usually meet every one of our needs.

Fill in the names of the people who fit the roles below.

You can duplicate the names if they fill multiple roles, and you can list several names for a single role in the second column.

Skip those that do not apply.

ROLE	Who can I turn to for this role?
Share problems	
Talk about the loss	
Give good advice	
Energize me	
Have a fun time	
Accept me as I am	
Try something adventuresome	
Keep me busy / distracted	
Provide reassurance	
Relax with me	
Meditate with me	
Enjoy a good laugh	
Appreciate the outdoors and nature	
Discuss family issues	
Take a walk	
Go shopping	
Study	
Tell me the truth even if I don't like it	
Work with	
Have lunch with	
Disagree with me when necessary	
Share my spiritual life	
Help with chores	

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MY SUPPORT NETWORK

PURPOSE

Often people who are grieving feel lonely and isolated. It is hoped that this handout will remind group members that they do have supportive people in their lives. This activity can be used in conjunction with SELF-CARE DOMAINS, page 65 and SUPPORT SYSTEM, page 97.

ACTIVITY

Brainstorm the types of needs that supportive relationships meet. Remind participants that some needs are met by more than one relationship and seldom does one single relationship help us meet all of our needs. Distribute the handouts and allow participants to complete.

Participants can share answers or discuss which needs are easy to meet and which are more challenging. Problem-solve ways to expand support systems, reminding each of the group members that they have each other too.

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Support System

Seldom does one relationship meet all of our needs.

Name one (or more) person in each category and write the need they fill for you. Skip those that do not pertain to you.

CATEGORY	NAME	NEED BEING FILLED
Parent		
Grandparent		
Sibling		
Adult Children		
Significant other		
Good Friends		
Neighbors		
Counselor		
Clergy		
Club/Group		
Co-worker/Boss		
Pet		

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SUPPORT SYSTEM

PURPOSE

Often people who are grieving feel lonely and isolated. This handout will remind group members that they have supportive people in their lives. This activity can be used in conjunction with MY SUPPORT NETWORK, page 95.

ACTIVITY

Brainstorm with group members the types of needs supportive relationships meet. Refer to SELF-CARE DOMAINS, page 65. Remind them that some needs are met by more than one relationship and seldom does one single relationship meet all of our needs. Distribute the handout and allow participants to complete.

This activity may be overly stimulating for some group members, depending on their loss.

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VITA

Rev. Dr. Jessy Samuel Totire was born in Kerala, India, and grew up as a pastor's daughter. She began serving the Lord at an early age and went on to earn her Bachelor's in Theology (1995) and Master of Divinity at New Life College (1998) in Bangalore, India.

Later, she went to Seoul, South Korea to continue her studies, earning a Master of Theology in Christian Education at The Presbyterian College and Theological Seminary (2000), and a Master of Theology in Intercultural Studies at Chongshin University (2006). After marrying her husband, they both lived in Chicago where Jessy earned four units of clinical pastoral education and served as a chaplain at Northwestern Memorial Hospital (Northwestern Medicine) and Rehabilitation Institute of Chicago (RIC). She began her DMin studies at Gordon-Conwell Theological Seminary in October 2017 and completed her work in December of 2021. She is expected to graduate in May of 2022.

Currently, Jessy and her husband live in New England where she and her husband are both ordained pastors of the Assemblies of God and pastor a church.